

AD IDEM/ CANADIAN MEDIA LAWYERS ASSOCIATION
ASSOCIATE MEMBERSHIP FORM

Name: _____

Company name/Firm: _____

Mailing Address: _____

E Mail Address: _____

Phone Number: _____

Fax Number: _____

All applications for membership are subject to Board approval.

I recognize that as an Associate Member I am a non-voting member and I will not have access to the financial statements of the organization.

By signing this form, I certify that I support the goals and objectives of Ad IDEM/CMLA.

[signature]

Annual Membership Dues: \$250

Please sign this form, enclose a cheque for \$250.00 payable to **Ad IDEM / Canadian Media Lawyers Association** and return it to:

Ad IDEM/CMLA
Ryder Gilliland
c/o Blake, Cassels & Graydon
199 Bay Street
Suite 4000, Commerce Court West
Toronto, ON M5L 1A9

Names and addresses of members will be compiled and the list will be circulated to all members.