

LSB LAWYERS ASSOCIATION

APPLICATION FOR MEMBERSHIP

I wish to apply for membership in the Legal Services Branch Lawyers Association.

I confirm that I am a lawyer employed or on contract with the Legal Services Branch of the Ministry of Attorney General.

(Name)

(Signature)

(Date)

**LSB LAWYERS ASSOCIATION
MEMBER'S AUTHORIZATION FOR THE DEDUCTION
OF ASSOCIATION MEMBERSHIP DUES**

I authorize my employer to deduct at source from my salary or other employment compensation membership dues established from time to time at General Meetings of the Members of the LSB Lawyers Association. The deduction will be made from each payment of salary or other employment compensation unless otherwise determined by the Association.

I authorize these deductions to begin immediately upon receipt by my employer of this authorization and to continue until I cease being a Member of the Association as provided for in the Bylaws of the Association.

NAME: _____
(Please Print)

SIGNATURE: _____

DATE: _____