

LSB LAWYERS ASSOCIATION

APPLICATION FOR MEMBERSHIP

I wish to apply for membership in the LSB Lawyers Association.

I confirm that I am a person employed by the Government of British Columbia, on a part time or full time basis, under a contract of employment to provide legal services in relation to civil matters, and I am not so employed on an ad hoc basis.

(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 as determined by the membership and may include a deduction from each payment of salary or other employment compensation.

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: _____

RETURN TO THE LSBLA MEMBERSHIP DIRECTOR