Toronto Workers' Health and Safety Legal Clinic

Application for Membership

Ι,	, hereby apply for
	NTO WORKERS' HEALTH AND SAFETY LEGAL
CLINIC. I support the goa	als of the Clinic, which are to provide workers without
unions free access to adv	ocacy, educational and law reform services in the field
of occupational health and	d safety.
Membership in the	Clinic entitles me to receive the Clinic's Newsletter,
vote at General Members	hip meetings and stand for election to the Clinic's Board
of Directors.	
DATE	SIGNATURE
Name (Print)	
Address	
Postal Code	
Telephone	(at home)
	(at work)
E-mail	

(over →)

	My interest in Occupational Health and Safety stems from:	
	n interested in contributing to the work of the Clinic in some or all of the	
TOILO	wing areas or capacities:	
	Newsletter	
	Research and writing	
	Outreach to workers who may need the assistance of the Clinic	
0	Board of Directors	
	Conference organizing	
	Other:	
Retu	rn to:	
	Toronto Workers` Health and Safety Legal Clinic	
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	Toronto, ON M5G 1Z8	
Telep	phone:	
	(416) 971-8832	
=ax:		
	(416) 971-8834	
	(+10) 971-0004	
	(410) 37 1-0034	