

Workers' Health and Safety Legal Clinic **MEMBERSHIP APPLICATION FORM**

The Workers' Health and Safety Legal Clinic (WHSLC) provides low-income workers without unions free access to advocacy, educational and law reform services in the fields of employment standards and occupational health and safety

Membership is free and includes such benefits as receiving the Clinic's newsletter, voting priviledges at the Annual General Meetings and standing for election to the Board of Directors.

FIRST NAME:				
LAST NAME:				
ADDRESS:				
			NCE:	
POSTAL CODE:				
TELEPHONE:			(Work)	
E-MAIL:				
I,		, he	reby apply for membership	to the
	, ,		the goals of the Clinic, whi	
-			ocacy, educational and law	
Date:		Signature:		

My interest in workers employment and health and safety rights stems from:				
I am intereste	d in contribu	ting to the work of the Clinic in some or all of the following		
areas or capa	cities:			
Please indicate	e with an " X " to	o the left of the area(s) of interest.		
Newslet	ter			
Researc	h and Writing			
Outreac	h to workers w	who may need the Clinic's assistance		
Board of	Directors			
Events/0	Conference or	ganizing		
Other (p	lease specify	below)		
For more info	rmation abou	at our Clinic's services and membership requirements, contact		
us at the telep	phone numbe	ers listed below:		
	Local 416-971-8832 / Toll free 1-877-832-6090			
	Or visit our v	vebsite at <u>www.workers-safety.ca</u>		
Please return	the complete	ed form to:		
	BY MAIL	Workers' Health and Safety Legal Clinic		
	DI MAL	180 Dundas Street West, Suite 2000, Box 4 Toronto, Ontario M5G 1Z8		
	BY FAX	416-971-8834		
	EMAIL	whslc@lao.on.ca		