

**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
Iain MacKinnon
c/o Linden & Associates
Royal Bank Plaza, 200 Bay Street, North Tower, Suite 2010
Toronto, ON M5J 2J1

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