



# The Hamilton Medical-Legal Society

## 2019 - 2020 Membership Renewal / Application

Name: .....

Firm Name: .....

Address: .....

Email: .....

Optional Second Email (assistant/personal): .....

Telephone: ..... Fax: .....

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Medical                         | <input type="checkbox"/> Legal        |
| <input type="checkbox"/> Psychology                      | <input type="checkbox"/> Chiropractic |
| <input type="checkbox"/> Rehabilitation                  | <input type="checkbox"/> Other: ..... |
| <input type="checkbox"/> Law Student / Resident / Intern |                                       |

Specific area of practice: .....

Membership Fees: **\$105**; (Residents / Interns / Students / Clinical Clerks: **\$55**)

\*Note that the information you provide on this form will be added to our membership list at *HamiltonMedicalLegal.com*. Should you wish to opt out of this listing, please check here:

Please print and complete this form **or** complete online ([www.HamiltonMedicalLegal.com](http://www.HamiltonMedicalLegal.com)) and return with cheque payable to:

**The Hamilton Medical-Legal Society**  
c/o Rachel E. Hobbs,  
81 Charlton Avenue East, Suite 705  
Hamilton, ON L8N 1Y7