

APPLICATION FORM – STUDENT MEMBERSHIP

Personal information

First name:

Last name:

Email:

Language:

Salutation: Mr. or Mrs.

Date of birth:

Telephone:

Fax:

Address:

Suite:

City:

Province:

Postal code:

Information on your training

Name of educational institution:

Expected graduation year:

General information

How did you hear about CAP's existence (please indicate the name of the person if he or she is a member of CAP)

Attachment:

A student member must provide proof of enrollment at an educational institution in the legal field when applying for a new membership and when renewing a membership.

I hereby fulfill the conditions of accession of the membership category for which I am applying for membership and, in the event that I am accepted as a member, I agree to be bound by the code of conduct in place. I also consent to the use and disclosure by CAP of my personal information, as required by CAP from time to time.

I authorize CAP to disclose some of my personal information to its partners.

I agree to receive emails from the Canadian Association of paralegals (CAP).

CAP c/o Mrs. Subirana

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