



# THE MEDICAL LEGAL SOCIETY OF BRITISH COLUMBIA

## MEMBERSHIP APPLICATION | RENEWAL

PLEASE COMPLETE THE MEMBERSHIP APPLICATION AND RETURN IT WITH YOUR CHEQUE TO THE SOCIETY'S ADDRESS AS NOTED BELOW.

THE SOCIETY ENCOURAGES NEW PRACTITIONERS, INCLUDING STUDENTS OF MEDICINE AND LAW, AS WELL AS THOSE INDIVIDUALS WHOSE PROFESSION OR VOCATION INVOLVE MEDICAL OR LEGAL MATTERS TO BECOME MEMBERS OF THE SOCIETY.

The Medical Legal Society of B.C.  
c/o 3889 West 19<sup>th</sup> Avenue  
Vancouver, BC  
V6S 1C7

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Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Area of Practice: \_\_\_\_\_

IN ACCOUNT WITH

### THE MEDICAL LEGAL SOCIETY OF BRITISH COLUMBIA

MEMBERSHIP YEAR - SEPTEMBER 1, 2024 - AUGUST 31, 2025

REGULAR MEMBERSHIP - \$50  
STUDENT MEMBERSHIP - \$20

PLEASE EITHER E-TRANSFER PAYMENT TO CAGIELENS@HOTMAIL.COM OR FORWARD YOU CHEQUE PAYABLE TO "THE MEDICAL LEGAL SOCIETY OF B.C." AND MAIL TO:

THE MEDICAL LEGAL SOCIETY OF B.C.  
C/O CAROL GIELENS  
3889 WEST 19<sup>TH</sup> AVENUE  
VANCOUVER, BC  
V6S 1C7

PLEASE CHECK ONE OF THE  
BOXES BELOW



EACH YEAR WE PUBLISH A MEMBERSHIP LIST FOR DISTRIBUTION TO **MEMBERS ONLY**. THE LIST WILL INCLUDE YOUR CONTACT INFORMATION AND AREA OF PRACTICE. PLEASE INDICATE BY CHECKING EITHER ONE OF THE BOXES BELOW WHETHER YOU WISH YOUR NAME TO BE PUBLISHED.

I WISH MY NAME, CONTACT INFORMATION AND AREA OF PRACTICE PUBLISHED IN THE MLS MEMBERSHIP LIST.

I **DO NOT** WISH MY NAME, CONTACT INFORMATION OR AREA OF PRACTICE PUBLISHED IN THE MLS MEMBERSHIP LIST.