

45 Sheppard Ave. East, Suite 106A, Toronto, ON M2N 5W9 T 416-487-6371 F 416-487-6456 www.salc.on.ca

MEMBERSHIP FORM

(Please print clearly and return completed form to SALCO by mail, by fax at 416-487-6456 or e-mail to wimalev @lao.on.ca)

Name: _____

STREET ADDRESS:					
CITY:			PROVINCE:	POSTAL CODE:	
E-N	/IAIL	Address:			
PHONE NUMBER:			FAX NUMBER:		
Ho	W DI	D YOU FIRST HEAR ABOUT SA	LCO?		
		END / FAMILY WEB S ROUGH OTHER COMMUN		R:	
		RE THAT I am at least eightend Objectives of SALCO.	een (18) years of age, a	nd that I have an interest in achieving the	
AIM	IS AN	ND OBJECTIVES			
(a)		Subject to the applicable laws of Ontario, the direction of the Board, and SALCO's available resources, the aims and objectives of SALCO are:			
	(i)	To establish, maintain, and income South Asians in Or		egal clinic in Toronto for the benefit of low-	
	(ii)		in Ontario in a manne	on, education, and advocacy on behalf of responsive to the diverse linguistic and	
	(iii)	To act as a legal resource assistance;	e and referral centre for	South Asians in Ontario in need of legal	
	(iv)	To identify and participate the social, economic, and I		d law reform initiatives which will advance sians in Ontario; and	
	(v)	To organize, carry on, and participate in such other activities as may from time to time be of legal interest and benefit to the South Asian community in Ontario.			
Sig	nat	ure:	Approve	d By:	
Dat	e: _				