

**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
Ryder Gilliland
c/o DMG Advocates LLP
155 University Ave. Suite 1230
Toronto, ON M5H 3B7**

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