

Name: _____ Phone: _____

Email: _____

Postal Address: _____

I have reviewed Rise Women's Legal Centre Society's constitution, bylaws and membership policy, and I agree to uphold their objectives.

I understand that obtaining membership with Rise Women's Legal Centre Society implies consent to receive correspondence by email and postal mail until such time as I cancel my membership.

I understand that my membership application is subject to approval by Rise's Board of Directors, and that membership is free of charge.

I would like to be considered for membership in Rise Women's Legal Centre Society.

Signature: _____ Date: _____