

Paralegal Society of Canada

Membership Office: Judi Simms Paralegal & Associates Inc.,
41 Regent Street,
Richmond Hill, Ontario, L4C 9E2
Mail application to membership office and fax any
membership inquires, address changes etc. to
Tell: 905-737-9747 Fax: 905-508-6864.
Web: paralegalsocietyofcanada.com

New

APPLICATION FOR MEMBERSHIP

Please print or type. If you do not provide relevant information, the processing of your application may be delayed.

1. TYPE OF APPLICATION

This application is for: Voting Membership Fee: \$120.00 Student Membership Fee: N/A

2. NAME (use your full legal name)

Family Name _____ Given Names _____ Mr. Ms.

3. CURRENT BUSINESS ADDRESS

Business: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Fax number: _____

Email: _____ Web Site: _____

4. CURRENT RESIDENCE ADDRESS

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Send Mail to: Home Office Business Identification number(your employer's if you are an employee) _____

5. REFERENCES (A letter of reference from two business or personal references is required and should be attached to this application.)

a) Name _____

Number/Street Name/Apt. Number _____

City _____ Postal Code _____ Telephone Number () _____

This reference is: client colleague employer character reference

Length of time reference has known the applicant: _____

b) Name _____

Number/Street Name/Apt. Number _____

City _____ Postal Code _____ Telephone Number () _____

This reference is: client colleague employer character reference

Length of time reference has known the applicant: _____

6. AREAS OF PRACTICE (Optional – for statistics only)

7. DECLARATION

I declare that the information in this application is true and complete to the best of my knowledge. I understand that a false statement or misrepresentation may disqualify me for membership. I agree to be bound by the Policies enacted by the Paralegal Society of Canada. I agree to be bound by the Code of Ethics of the Paralegal Society of Canada and acknowledge that I have received a short form copy of the Code of Ethics.

Signature _____ Date _____

Before submitting this form make sure you include:

- Membership fee
- 2 colour passport photos
- Proof of alternate E&O insurance (if applicable)
- Business identification number

Individual memberships are not transferable

FOR PSC USE ONLY
Date application received:
Date of review by board:

ERRORS AND OMISSIONS LIABILITY COVERAGE

All voting members of the Paralegal Society of Canada, who are practicing paralegals and not working full time for a Barrister and Solicitor must be covered by errors and omissions insurance as of the date of the Society's master policy came into force or as of date of membership. A member found to be practicing without errors and omissions insurance coverage will have his or her membership in the Society suspended. I agree to maintain the minimum amount of insurance coverage required by the Paralegal Society of Canada.

Proof of alternate errors and omissions coverage must accompany the application.

Furthermore, I agree to pay the premiums under the terms as specified by the Paralegal Society of Canada.

Signature _____ Date _____

Paralegal Society of Canada

Members Code of Ethics

Integrity

Each member must discharge with integrity all duties owed to clients, the courts, the public and other members of the profession.

Competence

Each member owes their client a duty to perform competently any services the member has undertaken to provide.

Quality of Service

Each member shall serve their client in a conscientious, diligent and efficient manner and shall provide a quality of service consistent with the Paralegal Society of Canada standards of practice.

Confidentiality

Each member shall keep confidential any and all information, documents and materials entrusted to the member in confidence by their client.

Honesty

Each member shall act with the utmost honesty.

Conflict of Interest

Each member shall refrain from advising or representing more than one side of a dispute. The member shall immediately upon discovery of a potential conflict of interest, discontinue acting for all parties to the dispute and shall so advise all parties in writing.

Withdrawal of Services

No member shall withdraw services without just cause and shall provide reasonable written notice of the withdrawal.

Retainer

Each member shall obtain from their client an executed retainer agreement prior to rendering any services for the client. Such retainer agreement shall include the agreed upon fee or hourly rate, whether or not disbursements are an addition to the fee and a statement that the member is not a barrister and solicitor and that the client waives the right to be represented by a barrister or solicitor.

Acting as an Advocate

Each member shall deal with all courts, tribunals, commissions, boards, parties to a dispute and the opposing advocate(s) with courtesy and respect at all times.