

## Post-Call Member Information Form

### 1. Personal Information

Full Name: \_\_\_\_\_

### 2. Home Contact Information

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. Work Contact Information

Business/Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Note:** You must notify the Law Society immediately after any change in address.

#### 4. Membership Status Post-Call

Do you intend to take non-practising status upon being called to the bar in Newfoundland and Labrador?

- Yes
- No

#### 5. Future Work Intentions (do not complete if you intend to take non-practising status)

Provide the contact information for the firm or organization you intend to practise law with:

- Same as Business Contact Information provided in Section 3

Business/Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

#### 6. Insurance

All practicing members of the Law Society who hold a practicing certificate are automatically insured through the Lawyers' Insurance Programme's Professional Liability Insurance Policy and will be invoiced accordingly.

Members may request to be removed from the Insurance Programme by checking the appropriate box and completing and/or submitting the required documentation.

- Exemption

You will be employed by the Newfoundland Legal Aid Commission, the Government of Canada, or the Province of Newfoundland and Labrador or an agency of the Crown in right of the Province, and will not work outside the scope of that employment. You may apply for exemption by completing Form 2.22, Insurance Exemption and attaching it with this Form 2.21A.

- Insurance Fees Waived

You are a member in the province of \_\_\_\_\_, you maintain your principal office in that province, and you are insured under a similar

mandatory plan in that Province which covers claims arising in Newfoundland and Labrador. You may apply to have your insurance fees waived by attaching a current Certificate of Insurance from your Law Society with this Form 2.21A.

## 7. Designated Person

In accordance with Rule 9.01.1, the designated person would receive information with respect to allegations, complaints, and disciplinary matters involving a member of the law firm or organization. Unless otherwise authorized by the Director of Professional Responsibility, the person designated shall be a member of the Law Society.

The designated person for my law firm or organization is:

Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

OR:

- I will be a sole practitioner and this question is not applicable

## 8. Trust Account Information

Please note that, unless you maintain a trust account in Newfoundland and Labrador, you are not permitted to accept trust funds on behalf of NL clients under any circumstances, including the receipt of retainers.

Please check one of the following:

- (a) I will be opening and operating a new trust account(s) and have attached Form 5.07C in accordance with Rule 2.21(1)(b).
- (b) I am associating in practice with persons who are members of an existing firm who are not in contravention of Rule 5.07 who will continue to use the same accounts outlined in the Annual Trust Account Report filed by those members or that firm.
- (c) N/A

If you checked (a), please provide the following details regarding the trust account(s) you will have access to:

Name of Account: \_\_\_\_\_

Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

## 9. Fee Payments

I undertake to pay my fees by:

- 12 automatic debits
- 3 installments
- Full payment at beginning of year

Please indicate how you will be paying your fees:

- I am paying via 12 automatic debits and have completed the authorization form for monthly debits contained at Schedule A.
- Either I or my firm/organization will pay fees by electronic funds transfer or certified cheque upon being invoiced.

## 10. Authorizations, Undertakings, and Other Matters

I hereby grant to the Law Society full authority to request information about any of the matters referred to in this form, including those relating to allegations/investigations and complaints, from any person, entity or organization, and I authorize such person, entity or organization to provide all information requested.

I hereby undertake to meet all of my obligations as a member pursuant to all of the Rules and requirements of the Law Society.

I understand that:

- (i) a member may be designated as non-practising by the Benchers if that member has not been actively engaged in the practice of law for a period of three (3) years, pursuant to s. 32(3) of the Law Society Act, 1999, SNL 1999, Ch. L-9.1;
- (ii) in order to request an exemption from the Law Society's professional liability insurance policy, I must also file Form 2.22A;
- (iii) if I am a resigned/former member of the Law Society, then I shall be required to pay the applicable fee prior to having my practising status reinstated.

I certify that the information provided herein is accurate and complete and I undertake to advise the Law Society immediately of any change(s).

**Signature**

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Signature of Applicant

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Date (mm/dd/yyyy)

**Schedule A**  
**Authorization for Pre-Authorized Monthly Debits**  
**Practising Insured Membership Fees**

**1. Member Information**

Member Name: \_\_\_\_\_

Firm / Organization: \_\_\_\_\_

This authorization relates to monthly payments owing to the Law Society of Newfoundland and Labrador for the member's membership fees, insurance fees, levies, taxes, adjustments, or other related amounts payable by or on behalf of the member.

**2. Payor / Account Holder Information**

Name of Payor / Account Holder: \_\_\_\_\_

Relationship to Member:

- Member
- Firm / Employer
- Other: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**3. Authorization**

The undersigned authorizes the Law Society of Newfoundland and Labrador to debit the account identified in the attached void cheque or pre-authorized debit form for monthly payments related to the member identified above.

The debits will be processed on or about the 20th day of each month, or the next business day if the 20th day is not a business day.

Initial Monthly Amount: \$ \_\_\_\_\_

The undersigned acknowledges and agrees that the monthly amount may increase or decrease from time to time as a result of changes to membership fees, insurance fees, levies, taxes, adjustments, member status, insurance status, or other amounts payable to the Law Society.

The Law Society will, to the best of its ability, provide written notice of any change in the amount to be debited before the change takes effect.

#### **4. Authority to Sign**

The undersigned confirms that they are authorized to sign this pre-authorized debit agreement on behalf of the Payor / Account Holder.

Where more than one signature is required to authorize debits from the account, all required signing authorities must sign this form.

#### **5. Changes or Cancellation**

The Payor / Account Holder must notify the Law Society in writing of any change to the banking information provided with this authorization.

The Payor / Account Holder may cancel this authorization by providing written notice to the Law Society. Cancellation of this authorization does not cancel or reduce any amount owing to the Law Society. If this authorization is cancelled, the member remains responsible for ensuring that all membership fees, insurance fees, levies, taxes, adjustments, or other amounts owing to the Law Society are paid by another approved payment method.

#### **6. Recourse and Reimbursement Rights**

The Payor / Account Holder has certain recourse rights if a debit is not consistent with this authorization. For example, the Payor / Account Holder may be entitled to reimbursement if a debit was not authorized, was not drawn in accordance with this authorization, was drawn after this authorization was cancelled, or was posted to the wrong account because of incorrect account information. Any request for reimbursement must be made by written notice from the undersigned within 90 days of the debit in question. Where reimbursement is required, the Law Society will reimburse the amount to the account from which the debit was withdrawn.

#### **7. Member Acknowledgment**

I acknowledge that this authorization has been provided for monthly payments related to my membership and insurance fees. I understand that cancellation or failure of this authorization does not relieve me of responsibility for any amounts owing to the Law Society.

Member Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 9. Signing Authority Authorization

### Signing Authority 1

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Signing Authority 2 (if required)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This authorization must be accompanied by a void cheque or pre-authorized debit form completed by the relevant financial institution.**

## Schedule B Copyright Declaration

This Declaration shall apply to anyone, including library staff, using the library copiers and printers to make copies. Copies shall refer to all forms of reproduction, both print and electronic. The Law Society of Newfoundland and Labrador Law Library subscribes to the principles of Fair Dealing under the Copyright Act, RSC 1985, c C-42, as periodically amended.

This means that no more than 10% of a book/library resource **OR** one article/case from a journal or case citator may be photocopied/reproduced from library materials for or by an individual, and all copying must be for personal use/research only (i.e., not for sale).\*

\*Per the Supreme Court of Canada: "research for the purpose of advising clients, giving opinions, arguing cases, preparing briefs and factums is nonetheless research ... Lawyers carrying on the business of law for profit are conducting research within the meaning of [fair dealing]."

(CCH Canadian Ltd. v. Law Society of Upper Canada , [2004] 1 SCR 339, 2004 SCC 13 (CanLII))

I hereby declare that:

1. I have read and understand the Copyright Declaration included as part of this form 2.21A and which outlines the terms of use of the Library copiers and printers, and the terms under which the Law Society of Newfoundland and Labrador will fulfill copying (in all formats) requests.
2. My use of Library photocopiers and requests for copies to the Law Society of Newfoundland and Labrador Law Library satisfies every and all terms set out in the Declaration, including those instances where I may direct another person to copy on my behalf.
3. In particular, but without limitation, I understand that all copies I have made or requested will be provided to me only under the following express conditions:
  - a. that such copies will not be incorporated by me into another book, article or other work to be sold in financial competition with the original works that are copied; and
  - b. that further copies of the copies will not be made and distributed to others, except for additional copies which may be required for submission to a court or tribunal, or for the client or other counsel for that research purpose.
4. If any of the copies I have requested or made are intended for another person's use, I will take responsibility to ensure that all such copies are used only in a manner consistent with the terms set out in the Copyright Act, as periodically amended.
5. I understand and acknowledge that renewal of my membership with the Law Society of

Newfoundland and Labrador automatically renews my Library Copying Declaration. I declare I shall abide by the terms of the Copyright Act, as periodically amended while I am a member of the Law Society of Newfoundland and Labrador.

**Signature**

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Signature of Applicant

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Date (mm/dd/yyyy)