



# The Hamilton Medical-Legal Society

## 2024-2025 Membership Renewal/Application

Name: .....

Firm Name: .....

Email: .....

Medical

Legal

Psychology

Chiropractic

Rehabilitation

Other: .....

Law Student/Resident/Intern

Specific area of practice: .....

Membership - \$125

Students - \$55 (Residents/Interns/Students/Clinical and Law Clerks)

Receipt Required

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please make cheques payable to: **The Hamilton Medical-Legal Society**

The Hamilton Medical-Legal Society c/o Jeff Goit  
25 Main Street West, Suite 2100  
L8P 1H1

e-Transfer: **JGOIT@VDVLAWYERS.COM**