

Form



REQUEST TO CHANGE CONTACT INFORMATION

845 Cambie Street
Vancouver, B.C. Canada V6B 4Z9
Telephone: (604) 669-2533
Toll-free within B.C.: 1-800-903-5300
Member Info: (604) 605-5311
Facsimile: (604) 687-0135
TTY: (604) 443-5700
E-mail: memberinfo@lsbc.org
www.lawsociety.bc.ca

**Please set out your name and all current contact information,
(noting the effective date of any changes). Sign and return this form to:**

The Member Services Department
By mail: 845 Cambie Street, Vancouver, BC V6B 4Z9
By fax: (604) 687-0135

Are you changing your membership status? If so, please note that all insurance and membership application forms are available on our website at www.lawsociety.bc.ca

		EFFECTIVE DATE OF CHANGE (DD/MM/YY)
GIVEN NAME(S):		
SURNAME:		
IF NAME HAS CHANGED, NOTE PREVIOUS NAME:		
PREFERRED CONTACT NAME:		
NAME OF LAW FIRM OR WORKPLACE (IF APPLICABLE):		
OFFICE ADDRESS:		
<small>* Practising members, please state your practice address or addresses. Non-practising and retired members, please state your home address. If you have any particular requirements, please contact the Member Services Department.</small>		
CITY/TOWN AND PROVINCE:		POSTAL CODE:
FIRM TEL: ()	DIRECT TEL: ()	
FIRM FAX: ()	DIRECT FAX: ()	
E-MAIL ADDRESS:		
MAILING ADDRESS IF DIFFERENT FROM OFFICE ADDRESS:		

New membership status will be:

- | | | | | | |
|---------------------|--------------------------|---------------------|--------------------------|---------------------------|--------------------------|
| Employee | <input type="checkbox"/> | Legal researcher | <input type="checkbox"/> | Apparent partner | <input type="checkbox"/> |
| Sole practitioner | <input type="checkbox"/> | Contract employee | <input type="checkbox"/> | Space sharing arrangement | <input type="checkbox"/> |
| Government employee | <input type="checkbox"/> | Inactive/unemployed | <input type="checkbox"/> | | |

Insurance coverage

- I need to increase my insurance coverage (eg. part-time coverage to full-time coverage)
I need to decrease my insurance coverage (eg. full-time coverage to part-time coverage)
I need to cancel my insurance coverage (eg. part-time or full-time coverage to exemption from coverage)
I do not need to change my insurance coverage

If making a change to your insurance coverage please complete applicable form which can be found at www.lawsociety.bc.ca under Publications & Forms.

DO ANY OF THE ABOVE CHANGES RESULT IN A FIRM TERMINATION? NO YES

Creation of a New Firm or Sole Practice

Is this a new firm: _____ (yes/no)

- | | | |
|------------------|---|--|
| Firm type | <input type="checkbox"/> sole practitioner | <input type="checkbox"/> office sharing |
| | <input type="checkbox"/> partnership | <input type="checkbox"/> law corporation |
| | <input type="checkbox"/> apparent partnership | <input type="checkbox"/> other _____ |

Name(s) of lawyers in firm:

Name(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTES:

I confirm that the above name and contact information is correct and request that the Law Society update its records accordingly:

MEMBER NUMBER:

MEMBER SIGNATURE

The personal information on this form is collected under the authority of Rules 2-8 and 2-9(a) and (b) of the Law Society Rules, which state:

Practice address Rule 2-8: A lawyer must advise the Executive Director of the address of all of the lawyer's places of business and inform the Executive Director immediately of a change of any of the lawyer's places of business.

Residential address Rule 2-9: A lawyer who ceases to have a place of business separate from the lawyer's residence must provide the following information to the Executive Director immediately: (a) the address of the lawyer's residence; (b) any change in the address of the lawyer's residence.

The information on this form will be used to process your change of contact information. If you have any questions, please contact a Member Services Representative: see contact information above.