

Request Form



Change of Contact Information

845 Cambie Street, Vancouver, BC, Canada V6B 4Z9
t 604.669.2533 | BC toll-free 1.800.903.5300
Membership 604.605.5311 | f 604.687.0135
TTY 604.443.5700
Email memberinfo@lsbc.org | lawsociety.bc.ca

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

Attention: Member Services

By mail: 845 Cambie Street, Vancouver, BC V6B 4Z9

By email: memberinfo@lsbc.org

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

PART A: New contact information			EFFECTIVE DATE (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)			
Practising members: please state your practice address or addresses. Non-practising and retired members: please state your home address. <i>If you have any particular requirements, please contact Member Services.</i>	Office address		
	City and Province/State	Postal/Zip Code	
Firm telephone	Direct telephone		
Firm fax	Direct fax		
E-mail address			
Mailing Address (if different from office address)			
PART B: New membership status			
Employee	<input type="checkbox"/>	Space sharing arrangement	<input type="checkbox"/>
Sole practitioner	<input type="checkbox"/>	Legal researcher	<input type="checkbox"/>
Government employee	<input type="checkbox"/>	Contract employee	<input type="checkbox"/>
Inactive/unemployed	<input type="checkbox"/>	Apparent partner	<input type="checkbox"/>

PART C: 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

IMPORTANT:
If making a change to your insurance coverage please complete the Application for Compulsory Professional Liability Insurance form which can be found at lawsociety.bc.ca under [Publications, Resources and Forms >Membership](#)

Do any of the above changes result in a firm termination? No Yes

PART D: Creation of a New Firm or Sole Practice

Is this a new firm No Yes

Firm type

- | | | | |
|-------------------|--------------------------|----------------------|--------------------------------|
| Sole practitioner | <input type="checkbox"/> | Law corporation | <input type="checkbox"/> |
| Office sharing | <input type="checkbox"/> | Apparent partnership | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> | Other | <input type="checkbox"/> _____ |

Name(s) of lawyers in firm

Notes

I confirm that the above name and contact information is correct and request that the Law Society of British Columbia update its records accordingly.

Member Number _____

Signature _____

Date _____

The personal information on this form is collected under the authority of Law Society Rules 2-10 and 2-11(a) and (b) of the Law Society Rules, which state:

Practice address Rule 2-10: 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 2-11: 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.