



**SECTION A - APPLICANT'S INFORMATION**

**Please select only one:**

Registered Charity                      Registration Number:

Not-for-Profit Corporation              Business Number:

**1. Registered Charity or Not-For-Profit Corporation Information**

Legal name of Organization:		
Operating/trade name (if different):		
Address:		
City/Town:	Prov:	Postal Code:
Telephone:	Fax:	
Website (if applicable):		

**2. Organization Representatives/Contacts**

**a) Primary Contact**

Full Name:	Title:
Direct Line:	Cell:
Email:	

**b) Alternate Contact**

Full Name:	Title:
Direct Line:	Cell:
Email:	

**c) Lawyer(s)\* who will be providing services:**

Full Name:	
Firm/Organization:	
Direct Line:	Cell:
Email:	

\* If more room is required attach a separate sheet.

**SECTION B – SERVICES PROVIDED BY THE ORGANIZATION**

**3. Services Provided by the Organization**

*Please briefly describe the services provided by the Organization.*

--------------------------------------

**4. Please describe the organization’s mission and/or its Mandate**

--------------------------------------

**5. Area(s) of Law/Legal Services**

*In general, what legal services will be provided by lawyers engaged to deliver services through the Organization?*

--------------------------------------

## 6. Provision of Lawyer Services together with Other Services

Will the lawyer services be provided at the same time or together with other client services?

Yes    No

If "Yes", Please briefly describe the lawyer services that will be delivered together with other services.

## SECTION C - REQUIRED CONDITIONS

By signing this registration form, the Organization acknowledges and accepts the conditions under Law Society of Manitoba ("LSM") [Rules](#) 3 -75 to 3-83 including the following conditions:

- i. that the approved lawyer(s) ("lawyers") serving clients of the Organization by practising law or providing legal services through the Organization will do so as employees or independent contractors or volunteers of the Organization;
- ii. that legal services provided by lawyers to clients of the Organization on through the Organization will be provided at no cost to the clients of the Organization.
- iii. that neither the lawyers providing services through the Organization nor the Organization facilitating those services may give or receive any financial or other reward for the referral of clients or client matters;
- iv. that all lawyers will have control over the delivery of their legal services to clients of the Organization;
- v. that all appropriate confidentiality and privilege will be protected by the lawyers and respected by the Organization; the lawyers serving clients of the Organization will only disclose client information with the client's consent, or as required by law;
- vi. that all lawyers providing legal services through the Organization will follow the professional conduct rules;
- vii. that if there is a change in information, the Organization will notify the LSM in writing of such change as soon as the change is known to the Organization; and
- viii. that the Organization must file a Report each year with the LSM in the form and by the date required by the LSM.

I understand that the Organization may be de-registered at any time at the LSM's discretion for failing to adhere to any of the conditions set out in this form or for whatever other reasons determined by the LSM. I authorize the LSM to make information about de-registering of the Organization available to the public.

## SECTION D- ORGANIZATION AUTHORIZATION

I hereby authorize the LSM to make inquiries of any person, government, official or body, about the status of the registering Organization. I will provide any additional documents specific authorization or any release that is required for the purpose of enabling the LSM to obtain any information required to register the Organization, including, without limitation, documents relating to the Organization's status. I further authorize the LSM to make information about the registering Organization available to the public.

I declare that all information supplied by me with respect to this application, and in the documents provided in connection with this application, if any, is true, accurate, and complete. I further declare that I have authority to bind the Organization

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Full Name:

Title:

Rev. 21.0

## HOW TO SUBMIT YOUR FORM

**Mail:**

The Law Society of Manitoba  
Admissions and Membership  
200 – 260 St. Mary Avenue  
Winnipeg, MB R3C 0M6

**Email:**

membership@lawsociety.mb.ca

**Fax:**

204-956-0624  
Attention: Membership

**Questions about this form? Contact:**

Alissa Schacter  
Director | Policy and Strategic Initiatives  
204-926-2029  
aschacter@lawsociety.mb.ca