**IAVGO Membership**

Membership to IAVGO is open to any person who supports the clinic’s objectives and meets the criteria set out in our by-law. Members must agree with the objectives of IAVGO, which are to:

* Provide legal representation, summary advice and referral for low income injured workers and survivors in Ontario.
* Identify issues of systemic importance to injured workers.
* Monitor and respond to law and policy developments affecting injured, vulnerable and precarious workers.
* Provide education to the public and the legal profession on workers’ compensation law.
* Undertake a variety of community development activities.

Members of IAVGO receive our newsletter and are eligible to vote at our Annual General Meeting. If you would like to become a member of IAVGO, please fill out the membership application form below and return it to IAVGO via email to [newtonli@lao.on.ca](mailto:newtonli@lao.on.ca) or by fax 416-924-2472 or by mail 1500 – 55 University Ave., Toronto, ON M5J 2H7

**Membership is free.** Your membership will be confirmed by mail or email**.**

Membership in IAVGO is open to any person who meets the following criteria and whose application for membership the clinic approves:

(a) is at least eighteen (18) years of age;  
(b) has not taken legal action against IAVGO in the preceding ten years, and does not have litigation pending against IAVGO.

The membership year shall run from the period immediately after the last annual general meeting (AGM) until the adjournment of the next AGM.

**All information provided on this form will be kept strictly confidential.**

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**Renewals:**Prior to the AGM, you will receive a reminder to renew your membership with IAVGO.

**Membership Form**

First Name: Click here to enter text. Last Name: Click here to enter text.

Address: Click here to enter text.

City/Town: Click here to enter text. Province:Click here to enter text.

Postal Code: Click here to enter text.

Telephone Number: Click here to enter text. Email address: Click here to enter text.

I meet the criteria

Yes:

No:

Date: Click here to enter text.

Submit