

PART C: PROFESSIONAL INFORMATION

1. Current employer

Name	
Street/ P.O. Box	
City	Province/Territory
Postal code	Telephone
Email	

2. (1) List chronologically all of the law societies or governing bodies of which you are or have been a member.

Date of Admission (YYYY/MM)	Society/Jurisdiction	Status(Active, Inactive, Retired, Honorary)	Date of resignation (If applicable)

For Section 3.

Please answer the following questions. If not applicable to you, check not applicable. If questions are applicable to you, please provide us with an explanation in the space provided.

3. (a) Within this past year, I have disciplinary proceedings pending or that have been taken against me, or complaints made against me as a member of the societies or bodies listed in subsection (2)

N/A

(b) The results of any disciplinary proceedings taken against me were:

N/A | _____
| _____
| _____

(c) Within this past year, claims for lawyers professional liability insurance are pending or have been made against me as a member of the societies or bodies listed in subsection(2).

N/A | _____
| _____
| _____

(d) The results of any claims for lawyers professional liability insurance made against me were:

N/A | _____
| _____
| _____

4. Annexed to this application are:

- Confirmation that I have completed my CPD hours (Appendix B)
- Layers referral service form (Appendix C)
- Insurance Exemption Certificate and Undertaking
- The prescribed annual fee
- The assurance fund levy, if applicable (mandatory for active members)
- Trust account levy (mandatory if you do not maintain a trust account in Nunavut)
- Applicable taxes (5% GST)
- A cheque payable to the "Law Society of Nunavut" in the sum of \$ _____ or;
- In person direct deposit: In the amount of _____ on the date of _____ at the time of _____ and the direct deposit confirmation number _____
- Employer to pay for my renewal fees and levies

Name of employer

PART D: DECLARATION OF APPLICANT AND AUTHORIZATION

1. I certify that the information I have provided in or annexed to this application is correct.
2. I undertake with the Law Society of Nunavut that I will, during my enrollment well and faithfully keep and perform all my obligations as a barrister and solicitor and as a member of the Society and abide by the *Legal Profession Act*, the *Rules of the Law Society of Nunavut* and any other requirements of the Society.
3. I acknowledge, pursuant to subsection 14(3) of the *Legal Profession Act* that the Law Society of Nunavut may disclose: my name, membership status, the name of my employer and any information regarding any findings of guilt for conduct discerning of discipline and any sanctions imposed; by making it available on the Law Society of Nunavut's website and in response to direct requests from the public.
4. I DO / DO NOT authorize the Law Society of Nunavut to provide my business address and contact information by making it available on the Law Society of Nunavut's website, in a public membership directory, or in response to direct requests from the public.
5. I DO / DO NOT consent to the Law Society of Nunavut sending me commercial electronic messages regarding upcoming professional development activities, consultations, and events, either on its own behalf, or on behalf of other organizations. I acknowledge that not all communications from the Law Society of Nunavut are commercial in nature, and that I will continue to receive official notices in accordance with the *Legal Profession Act* and the *Rules of the Law Society of Nunavut*.

Dated at: _____ On this _____ day of _____, _____

.....

(signature of applicant)

APPENDIX B

Compulsory Professional Development (CPD)

This form confirms that I _____
First Name Last name

- 1) Have completed 12 hours of professional development, including my 1 hour of Ethics and Professional Responsibility. Please complete section 3 on following page.

OR

- 2) Am exempt from the LSN's CPD requirement because:

Newly called lawyer (former student-at-law)

Inactive member

- 3) Am newly called to the LSN (Transfer by December 31,2016) but was NOT a former student-at-law

Date of Call: ____day of _____,2016; Number of hours completed,if any ____hours

If you were unable to complete your CPD hours, please provide a detailed explanation below on your attempts to fulfill the requirements.

I undertake with the Law Society of Nunavut that I will upon request, provide proof of participation.

Dated at _____ on this _____ day of _____, _____

Signature of applicant

3) Please complete the following (if you require more space, please attach additional page)

1) Title: _____ Hours _____
Date: _____, 2016 Location _____

(Month)

Note: _____

2) Title: _____ Hours _____
Date: _____, 2016 Location _____

(Month)

Note: _____

3) Title: _____ Hours _____
Date: _____, 2016 Location _____

(Month)

Note: _____

4) Title: _____ Hours _____
Date: _____, 2016 Location _____

(Month)

Note: _____

5) Title: _____ Hours _____
Date: _____, 2016 Location _____

(Month)

Note: _____

6) Title: _____ Hours _____
Date: _____, 2016 Location _____

(Month)

Note: _____

7) Title: _____ Hours _____
Date: _____, 2016 Location _____

(Month)

Note: _____

8) Title: _____ Hours _____
Date: _____, 2016 Location _____

(Month)

Note: _____

9) Title: _____ Hours _____
Date: _____, 2016 Location _____

(Month)

Note: _____

10) Title: _____ Hours _____
Date: _____, 2016 Location _____

(Month)

Note: _____

APPENDIX C

LAWYER REFERRAL SERVICE FORM

Name	Firm
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- I do not wish to participate
- I am an employee and do not provide legal services to the public

AREAS OF PRACTICE - Add an "x" as applicable.

Aboriginal Law	<input type="checkbox"/>	Franchise	<input type="checkbox"/>
Administrative Law	<input type="checkbox"/>	Harassment	<input type="checkbox"/>
Adoption	<input type="checkbox"/>	Human Rights	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	Immigration	<input type="checkbox"/>
Aviation	<input type="checkbox"/>	Insurance	<input type="checkbox"/>
Bankruptcy/ Creditors Rights	<input type="checkbox"/>	Intellectual Property	<input type="checkbox"/>
Child Protection	<input type="checkbox"/>	Labour	<input type="checkbox"/>
Civil Court Actions	<input type="checkbox"/>	Landlord & Tenant	<input type="checkbox"/>
Commercial / Corporate	<input type="checkbox"/>	Legislation	<input type="checkbox"/>
Condominium	<input type="checkbox"/>	Medical Malpractice	<input type="checkbox"/>
Consumer Protection	<input type="checkbox"/>	Military	<input type="checkbox"/>
Contracts	<input type="checkbox"/>	Municipal	<input type="checkbox"/>
Corporate Law / Non-Profit	<input type="checkbox"/>	Property	<input type="checkbox"/>
Criminal	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>
Employment	<input type="checkbox"/>	Residential Schools	<input type="checkbox"/>
Employment / Dismissal	<input type="checkbox"/>	Securities	<input type="checkbox"/>
Employment Insurance	<input type="checkbox"/>	Taxation	<input type="checkbox"/>
Environmental Insurance	<input type="checkbox"/>	Welfare	<input type="checkbox"/>
Environmental	<input type="checkbox"/>	Wills/Estate/Trusts	<input type="checkbox"/>
Expropriation	<input type="checkbox"/>	Workers Compensation	<input type="checkbox"/>
Family	<input type="checkbox"/>	Youth Court	<input type="checkbox"/>

Insurance Exemption Certificate and Undertaking

I, _____ HEREBY CERTIFY THAT:
(First name) (Last name)

(INSTRUCTIONS: CHECK BOX #1 OR #2 THAT APPLIES TO YOU)

1. (a) I am an active member or am applying for membership in the Law Society of Nunavut;
- (b) I am employed by, and my professional services are provided exclusively to:
- (i) a government or government agency; or
 - (ii) an employer who does not practice law; and
- (c) I do not render or will not be rendering legal services of any kind to the public in Nunavut.

OR

2. (a) I am an active member or am applying for membership in the Law Society of Nunavut;
- (b) I do not ordinarily reside or carry out my principal practice of law in Nunavut;
- (c) I am covered by errors and omissions insurance which provides indemnification to a minimum of \$1,000,000.00 and which covers my practice of law in Nunavut, which insurance is carried through:

(Name of Insurer and Law Society)

AND

- (d) I will provide further information, upon request, respecting my insurance coverage.

I UNDERTAKE to notify the Law Society immediately if there is a change in my status such that the foregoing statements are no longer applicable.

DATED at, _____ this _____ day of _____, _____.

)

_____)

(Witness)

_____)
(Signature)