



This report must be completed and returned to the Membership department by March 31 of each year.

This is the Civil Society Organization Annual Report for

Organization Name

SECTION A – CONTACT INFORMATION

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

Legal name of Organization:		
Business #:		
Charitable Registration # (if applicable):		
Business 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:	

SECTION B – LICENSEE INFORMATION

How many lawyers provided legal services through the organization?

List the lawyers who provided legal services through the organization:

Full Name	Law Society Member Number
1.	
2.	
3.	
4.	
5.	

[attach a separate sheet if additional space is required]

SECTION C – SERVICES PROVIDED

(a) Will the Civil Society Organization continue to provide legal services? ☐ Yes ☐ No

If **yes**, please complete all parts of questions **(b)** and **(c)**:

(b) Will the lawyer(s) provide legal services separate and apart from other client services, or will lawyer services be provided at the same time or together with other services?

Please indicate this by selecting one of the two available options listed below:

☐ Lawyer services only

☐ Lawyer and other services

(c) Will the type(s) of legal services provided by the Civil Society Organization change? ☐ Yes ☐ No

If **yes**, please describe the changes.

The Law Society may require additional information if there have been changes to the Civil Society

SECTION D – AUTHORIZATION

I confirm that all information supplied by me with respect to this report is true, accurate, and complete. I understand that I have a continuing obligation to notify the Law Society immediately if any of the information that I have provided in this report changes. In the event of any changes to the information provided in this report, I shall immediately give written notice to the Membership department of the Law Society

I have reviewed the conditions imposed by the Law Society at the time of registration of the Civil Society Organization, and I certify that the organization has complied with all of those conditions. I certify that I have the authority to bind the Organization.

Signature

Date

Full Name:

Title:

Rev. 26.0

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 Civil Society Organization?

Contact:

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