



MIDDLESEX LAW ASSOCIATION MENTEE APPLICATION

Please complete and email to library@middlaw.on.ca

Name: _____

Firm (if applicable): _____

Contact Address: _____

Preferred contact, Email Address or Telephone No.: _____

Year of Call to the Bar: _____

Area(s) of Practice: _____

Do you have a preference for gender for Mentor: Yes _____ No _____

If Yes, gender preference: _____

Do you have a preference as to the area of Practice of your Mentor: Yes _____ No _____

If Yes _____

Goals of Mentorship Relationship: _____
