



## MIDDLESEX LAW ASSOCIATION MENTOR APPLICATION

Please complete and email to [library@middlaw.on.ca](mailto: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: \_\_\_\_\_

Reasons that you would make a good Mentor: \_\_\_\_\_

---

---

---

---

---