



Customer Account to Order *Free Publications*

- 1) Fill out form - you **must include your postal code**
- 2) Email to distribution@legalaid.bc.ca or fax 604-682-0965
- 3) Wait for us to contact you with your customer number

Use this form IF you plan to **order multiple copies** of a publication, or will be **placing regular orders**.

REQUIRED INFORMATION:

Organization name: _____
Contact person: _____ Title: _____
Mailing address: _____
Email: _____ Postal code: _____ Phone: _____

OPTIONAL INFORMATION:

Type of Organization:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Library | <input type="checkbox"/> Police/RCMP |
| <input type="checkbox"/> Community group | <input type="checkbox"/> MLA office | <input type="checkbox"/> School/College |
| <input type="checkbox"/> Government | <input type="checkbox"/> Medical | <input type="checkbox"/> Victim Services |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Other (please specify): _____ | |

Type of service(s) you provide: (select all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Advocacy services | <input type="checkbox"/> Inmate support | <input type="checkbox"/> Mediation/conflict resolution |
| <input type="checkbox"/> Counselling/support group | <input type="checkbox"/> Legal advice | <input type="checkbox"/> Pro bono legal services |
| <input type="checkbox"/> Crisis line | <input type="checkbox"/> Legal representation | <input type="checkbox"/> Restorative justice |
| <input type="checkbox"/> EAL/language training | <input type="checkbox"/> Other (please specify): _____ | |

Clients you serve: (select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Immigrants/refugees | <input type="checkbox"/> Seniors/elders |
| <input type="checkbox"/> Children & youth | <input type="checkbox"/> Inmates | <input type="checkbox"/> Victims |
| <input type="checkbox"/> Community workers/advocates | <input type="checkbox"/> 2SLGBTQ+ | <input type="checkbox"/> Women |
| <input type="checkbox"/> General public | <input type="checkbox"/> Other (please specify): _____ | |

Written languages used by your clients: (select all that apply)

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi/Persian | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Chinese (simplified) | <input type="checkbox"/> French | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese (traditional) | <input type="checkbox"/> Other (please specify): _____ | |

How did you hear about ordering publications from Legal Aid BC? (select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Conference/workshop | <input type="checkbox"/> Internet search | <input type="checkbox"/> Library or resource centre |
| <input type="checkbox"/> Community organization | <input type="checkbox"/> Legal Aid BC publication | <input type="checkbox"/> Received mailout |
| <input type="checkbox"/> Email/newsletter | <input type="checkbox"/> Legal Aid BC staff member | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Other (please specify): _____ | | |

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