



MEMBER APPLICATION FORM

NEW MEMBERSHIP

RENEWAL MEMBERSHIP

SEND COMPLETED FORMS WITH PAYMENT TO:

LANCASTER, BROOKS & WELCH LLP

PO BOX 790, 800 - 80 KING STREET

ST CATHARINES ONTARIO L2R 6Z1

PHONE: 905-641-1551

EMAIL: mstratton@lbwlawyers.com

FAX: 905-641-1830

MAKE CHEQUES PAYABLE TO : COLLABORATIVE PRACTICE NIAGARA ANNUAL FEE: \$100.00

PROFESSION: Legal Financial Family / Parenting

Name _____

Address _____

City / Province _____ Postal Code _____

Telephone _____ Fax _____

E-mail _____ Website _____

Credentials _____

Years of Practice _____

I grant permission for the above information to appear on the CPN website.

YES

NO

I have professional liability Errors and Omissions insurance coverage.

YES

NO

I have completed:

Date:

Date:

Level 1 CP training: YES _____ NO _____

Level 2 CP training : YES _____ NO _____

Team CP training: YES _____ NO _____

Additional training attended for CP professional training. Please list courses and dates:

CP cases* participated in the past year:

None 1 to 5 6 to 10 11 to 15

16 to 20 21+ *CP cases must include a signed Participation Agreement

Total CP cases* in professional career: _____ Total Team Model CP cases*: _____

Suggestions for future training sessions / opportunities / comments:

CPN website profile information is up to date. YES NO

I understand as a member of CPN I am expected to attend member meetings and participate in ongoing CP professional development in order to remain a member in good standing.

APPLICANT'S

SIGNATURE: _____

DATE: _____