



MEMBER APPLICATION FORM

NEW MEMBERSHIP

RENEWAL MEMBERSHIP

SEND COMPLETED FORMS WITH PAYMENT TO:

CONNECT FAMILY SOLUTIONS

120 EAST MAIN ST. SUITE 202

WELLAND, ON L3B 3W5

PHONE: 905-735-7622

EMAIL: gillian@connectfamilies.ca

FAX: 905-735-1939

MAKE CHEQUES PAYABLE TO:

COLLABORATIVE PRACTICE NIAGARA

ANNUAL FEE: \$200.00

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

MEMBERSHIP DECLARATION

Collaborative Practice Niagara is a group of highly skilled diverse professionals, working together to build customized separation/divorce solutions, recognizing the value of team for the creation of customized separation/divorce solutions, ensuring that everyone's voice is heard, promoting fairness of process, dignity of the couple and family, and a lasting resolution.

Membership with Collaborative Practice Niagara requires completion of Level 1 CP training and Level 2 CP training. For new members, enrolment in a Level 1 CP course within 6 months of joining the group is also acceptable. All members must complete Level 2 CP training by the end of their second year of membership with Collaborative Practice Niagara.

All active members are to be in good standing with their professional governing body and participate in continuing education every year dealing with collaborative practice.

By signing below, I acknowledge the requirements as laid out in the membership declaration. Further, I aspire to be an active member in this practice group. Active membership can be through attending meetings, sharing at file debriefs, contributing to the website and/or social media efforts, inviting new members, actively promoting the Collaborative Team Practice model, using the approved protocol Roadmap as a suitable settlement process with potential clients, and supporting the practice group's overall goals.

SIGNATURE: _____

DATE: _____