



**CPT**  
**COLLABORATIVE PRACTICE**  
**TORONTO**

**APPLICATION FOR MEMBERSHIP IN**  
**COLLABORATIVE PRACTICE TORONTO**  
**JANUARY 2010 - DECEMBER 2010**

*Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_  
*Firm:* \_\_\_\_\_ *Fax:* \_\_\_\_\_  
*Address:* \_\_\_\_\_ *Email:* \_\_\_\_\_  
\_\_\_\_\_ *Web Site:* \_\_\_\_\_

The By-Laws of Collaborative Practice Toronto provide for three types of membership in the organization:

- (a) Member
- (b) Associate Member
- (c) Student Member

A Member must:

- a) if a lawyer, be a member in good standing of The Law Society of Upper Canada;
- b) if an other professional, be a member in good standing of a professional regulatory body as established by the board;
- c) satisfy training requirements as established by the board;
- d) subscribe to the principles of collaborative practice; and
- e) be fully paid-up with respect to the annual fees and other fees payable.

An Associate Member must:

- a) subscribe to the principles of collaborative practice; and
- b) be fully paid-up with respect to the annual fees and other fees payable.

A Student Member must:

- a) be a student enrolled in a post-secondary educational institute;
- b) subscribe to the principles of collaborative practice; and
- c) be fully paid-up with respect to the annual fees and other fees payable.

**APPLICATION TO BE A MEMBER OF CPT**

1.  I am a lawyer and a member in good standing of The Law Society of Upper Canada.

OR

2.  I am a \_\_\_\_\_ [give profession and designations] and a member of \_\_\_\_\_ [give name of your professional regulatory body].  
If you are a mediator, please use paragraph 3.

3.  I am a mediator. As such I am a member of:  
\_\_\_\_\_ Family Mediation Canada  
\_\_\_\_\_ The ADR Institute of Ontario  
\_\_\_\_\_ The Ontario Association of Family Mediators

3a. I have the following accreditation to practice as a mediator:

- |  |  |
|--|--|
| <input type="checkbox"/> C.Med (ADRIO) | <input type="checkbox"/> Acc.F.M. (OAFM) |
| <input type="checkbox"/> F.Med (ADRIO) | <input type="checkbox"/> Cert. CFM (FMC) |

3b. I have a Bachelor's Degree or a diploma from \_\_\_\_\_ (university or college).

3c.  My professional liability insurance to practice mediation is in effect for the year covered by this Application for Membership.

4.  I have completed 5 days of approved collaborative training.

OR

I agree to complete 5 days of approved collaborative training before December 31, 2010. I agree to advise the Membership Co-Ordinator when I have completed the training. Refer to the CPT website for the most up-to-date information on approved training programs.

5. I subscribe to the principles of collaborative practice.

6. Membership fees are \$285.00 and my payment is attached.

7. I consent to the listing of my name and contact information on the membership lists of the organization for distribution to all categories of members and interested parties.

8. I am aware that after completing 5 days of approved collaborative training, I am eligible to have my profile posted on the Public Side of the CPT website. I consent to the listing of my contact information, photograph and an 80 word profile on the CPT website.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**APPLICATION TO BE AN ASSOCIATE MEMBER OF CPT**

1. I subscribe to the principles of collaborative practice.
2. Associate Membership fees are \$185.00 and my payment is attached.
3. I consent to the listing of my name and contact information on the membership lists of the organization for distribution to all categories of members and interested parties.
4. I consent to the listing of my contact information, photograph and an 80 word description on the Members' Side of the CPT website.

*Date:* \_\_\_\_\_ *Signature:* \_\_\_\_\_

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**APPLICATION TO BE A STUDENT MEMBER OF CPT**

1. I am a student of \_\_\_\_\_  
at \_\_\_\_\_ *[name of post-secondary educational institution]*
2. I subscribe to the principles of collaborative practice.
3. The Student Membership fee is \$25 and my payment is attached.
4. I consent to the listing of my name and contact information on the membership lists of the organization for distribution to all categories of members and interested parties.
5. I consent to the listing of my contact information, photograph and an 80 word description on the Members' Side of the CPT website.

*Date:* \_\_\_\_\_ *Signature:* \_\_\_\_\_

**I wish to pay by:**

Cheque - *Please make cheque payable to: CFLA Ont-Tor and mail to Melanie Russel, 4100 Yonge Street, Suite 410, Toronto, ON, M2P 2B5, Attn: CPT Membership*

Credit Card – *Please fax to Melanie Russel at 416-488-2591, Attention: CPT Membership*

Visa \_\_\_\_\_ Expiry \_\_\_\_\_

Mastercard \_\_\_\_\_ Expiry \_\_\_\_\_

American Express \_\_\_\_\_ Expiry \_\_\_\_\_

Annual Renewal – By checking this automatic CPT Membership renewal box, I authorize CPT to automatically renew my membership annually by processing the appropriate charge to my credit card above.

Name as it appears on your credit card \_\_\_\_\_

Signature \_\_\_\_\_