



# York Collaborative Practice

## 2010 Membership Application

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Year to Bar \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Benefits of membership:

- Listing on any website the Association may maintain.
- Receiving notice of meetings of the Association and continuing education programs.
- Receiving marketing materials as determined by the Association from time to time - IACP marketing materials are currently available for sale to members at cost.
- Benefiting from the promotion of the CFL process to the public.

### Membership fee:

Membership in the Association is \$250.00 per year  
(Half price subsidy for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year called to bar (lawyers) or 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year of practice (financial and mental health practitioners).

Please attach a cheque payable to York Collaborative Practice.

Please return the membership application, with payment, to:

### Mark Epstein

Epstein Law  
641 Davis Drive, Suite 201  
Newmarket, Ontario  
L3Y 2R2

**PLEASE NOTE: 5 DAYS OF APPROVED COLLABORATIVE TRAINING MUST BE COMPLETED IN ORDER TO BE A MEMBER**

## York Collaborative Practice

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### Lawyers Only:

I, \_\_\_\_\_ acknowledge that I am a lawyer in good standing with the Law Society of Upper Canada.

I have received the following training:

Level	Trainer	Date
1	_____	_____
2	_____	_____

I agree to:

- Abide by the practice protocols as established by the York Collaborative Practice association from time to time and to practice in the spirit of the Collaborative Process;
- Promote the use of the Collaborative Process and members of the York Collaborative Practice association;
- Support members in developing their skills through education;
- Act as a mentor;
- Allow my name, contact information and photo to appear on the York Collaborative Practice website and to
- Allow my name and contact information to be listed on the York Collaborative Practice Membership lists for distribution to all members and interested parties.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ at

\_\_\_\_\_, Ontario

\_\_\_\_\_  
Signature

## York Collaborative Practice

**Other Professionals Only** (e.g. Financial Professionals, Mental Health Practitioners etc.)

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I, \_\_\_\_\_ acknowledge that I am a  
\_\_\_\_\_ and am in good standing with  
\_\_\_\_\_(professional college or  
organization).

I have received the following training:

Level	Trainer	Date
1	_____	_____
2	_____	_____

I agree to:

- Abide by the practice protocols as established by the York Collaborative Practice association from time to time and to practice in the spirit of the Collaborative Process;
- Promote the use of the Collaborative Process and members of the York Collaborative Practice association;
- Support members in developing their skills through education;
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\_\_\_\_\_, Ontario

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Signature