



York Collaborative Practice

2012 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 quarterly e-newsletter.
- 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:

- Annual Membership in the Association is \$283 (\$250 + 13% H.S.T.)
- Half price annual Membership for 1st, 2nd and 3rd year called to bar (lawyers) or 1st, 2nd and 3rd year of practice (financial and mental health practitioners) is \$142 (\$125 + 13% H.S.T.)

Please attach a cheque payable to **York Collaborative Practice**.

Please return the membership application, to **Mark Noxon, YCP Treasurer and Membership Coordinator at:**

31 Ramona Blvd., Markham, Ontario, L3P 2E3 or fax to (905) 554-0427

I have received the following training:

Level	Trainer Name	Date of Training
1	_____	_____
2	_____	_____

NOTE: 5 days of approved collaborative training must be completed in order to be a member of YCP

York Collaborative Practice

(Lawyer)

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

(Other Professional)

I, _____ acknowledge that I am a/an _____ and I in good standing with _____ (professional association or organization).

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 _____, 201__ at

_____, Ontario

Signature