



## New Application for Professional Membership

Your **Professional Membership** Fee provides the following benefits:

- your profile on our website [www.durhamcollaborative.com](http://www.durhamcollaborative.com)
- CPDR Facebook Page (for the public and for members only) COMING SOON!!!
- networking at CPDR events
- reaching out to other professions to assist / utilize collaborative resolutions
- marketing initiatives
- training opportunities
- voting privileges in elections and general meetings
- eligibility to serve on the Board of Directors (after three years of membership)

Please complete

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

**Profession:**     Lawyer             Family Professional             Financial Professional

**Firm:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**TIP: \*\*\* We will provide you with a User Login once your membership application has been approved.**

The By-Laws of Collaborative Practice Durham Region (“CPDR”) set out the requirements for Professional Membership. A Professional Member must:

- a) if a lawyer, be a member in good standing of The Law Society of Upper Canada;

- b) if another professional, be a member in good standing of a professional regulatory body as established by the CPDR board;
- c) satisfy training requirements as established by the CPDR board;
- d) have professional liability insurance as established by the CPDR board;
- e) subscribe to the principles of Collaborative Practice; and
- f) be fully paid-up with respect to the annual fees and other fees payable.

## **Application To Be A Professional Member Of CPDR**

1.  I am a lawyer and a member in good standing of The Law Society of Upper Canada.  
OR  
 I am a \_\_\_\_\_ [*give profession and designations*] and a member of \_\_\_\_\_ [*give name of your professional regulatory body*].
2.  I have completed 5 days of approved collaborative training.  
OR  
 I have completed 2 days of approved Level 1 collaborative training and I agree to complete 3 days of approved Level 2 collaborative training on or **within one year of joining**. I agree to advise the Board when I have completed the training.
3.  I have professional liability insurance of at least \$1 million.
4.  I subscribe to the principles of Collaborative Practice.

## **Professional Membership Fees - \$275**

### **Your payment can be made:**

- via email transfer to [lfraser.korb@bellnet.ca](mailto:lfraser.korb@bellnet.ca), with your completed Application form to be sent via email or mail, or
- by cheque payable to **CPDR 'Collaborative Practice Durham Region'** which are to be mailed, **together with this completed Application** to:

c/o Laura Fraser (on behalf of Sharon Moore/Treasurer)  
117 King St., Whitby, Ontario, L1N 4Z1

5.  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.
6.  I consent to the listing of my contact information, photograph and profile on the CPDR website.
7. As per the by-laws of Collaborative Practice Durham Region, in order to maintain their membership in good standing, each Professional Member must complete **six hours** of Collaborative Educational Workshop Attendance and **one hour** at a Social Event per year.

Questions? Contact Laura Fraser at 905-666-1161 or send an e-mail to [lfraser.korb@bellnet.ca](mailto:lfraser.korb@bellnet.ca)

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