



Application for Professional Membership
JANUARY 2022 - DECEMBER 2022

*Cost: \$275.00 due by **Friday, January 14, 2022***

Your **2022 Professional Membership** Fee provides the following benefits:

- your profile on improved website www.durhamcollaborative.com
- CPDR Facebook Page (for the public and for members only)
- 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
- group membership in the Ontario Association of Collaborative Professionals (OACP)
- refreshments at the annual CPDR barbeque and holiday party

Please complete:

Name: _____

Please complete #1 OR #2 below and then proceed to #3 and/or #4 as applicable:

- 1) I am renewing my membership and there are no changes to my personal information from last year.

OR

- 2) The following is my contact information and/or changes to my previously reported contact information:

Profession: Lawyer Family Professional Financial Professional

Firm: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

NEW MEMBERS ONLY (all others skip to #4)

3) **ALL New Members:**

- I have completed 5 days of approved collaborative training.

Date(s) of Training Taken: _____

Trainer(s): _____

For New Collaborative Financial Professionals and Collaborative Family/Mental Health Professionals ONLY:

- I have completed a minimum of 16 hours of basic training in the fundamentals of family law, and understand it is recommended to complete 30 hours of family law training.

ALL MEMBERS:

- 4) I have reviewed my profile on the CPDR Website and confirm that my information and photo are up to date (Any changes to your profile should be emailed to Aleksandra Kemper at aleksandra@lkfamilylawyers.com)

PROFESSIONAL STATUS

- 5) I am a lawyer and a member in good standing of The Law Society of Ontario.

OR

I am a _____ [*give profession and designations*] and a member of _____ [*give name of your professional regulatory body*].

- 6) I have professional liability insurance of at least \$1 million.
7) I subscribe to the principles of Collaborative Practice.

- 8) 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.

OR

I **DO NOT** 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.

- 9) I consent to the listing of my contact information, photograph and profile on the CPDR website.

OR

I **DO NOT** consent to the listing of my contact information, photograph and profile on the CPDR website.

- 10) As per the by-laws of Collaborative Practice Durham Region, in order to maintain membership in good standing, each Professional Member must complete six hours of Collaborative Educational Workshop Attendance and one hour at a CPDR Hosted Event (which may include a social event). **Due to the continuing impact of COVID-19, this year a professional member must complete 4 hours of CPD in 2021, which must include at least 1 hour participating in a CPDR event. Kindly indicate which of the following events you attended in 2021:**

- CPDR Virtual Coffee House –March 24, 2021
- CPDR AGM Dinner Meeting (virtual) –April 28, 2021
- OACP Training/Conference (including training videos on website)
(provide details) _____
- CPDR Study Group (how many) _____
- Served as a member of the CPDR Board or a CPDR committee
- IACP Conference (provide details) _____
- Training provided by other collaborative groups (provide details) _____
- Dinner meeting hosted by other collaborative groups which include a speaker or presentation (provide details) _____

Professional Membership fees are \$275.00. Your payment can be made either:

- by email transfer to lfraser.korb@bellnet.ca, with your completed Application form to be sent by email or mail, **OR**
- by cheque payable to **CPDR 'Collaborative Practice Durham Region'** which is to be mailed, **together with this completed Application** to:

c/o Laura Fraser (on behalf of Sharon Moote/Treasurer)
330 Byron Street South, Main Floor, Whitby, Ontario L1N 4P8

Date: _____ **Signature:** _____

QUICK MEMBERSHIP SURVEY

We are interested in collecting some data as to how many collaborative files have been undertaken in the current year, and how those collaborative clients came to you. This information will be useful to us for both training and marketing purposes.

- i) I have opened _____ new Collaborative Family Law cases in 2021.
- ii) I have _____ ongoing Collaborative Family law cases at this time.
- iii) These cases came to me in the following manner (check all that apply):
 - The client requested Collaborative Practice;
 - Referral by Other Collaborative Professional;
 - I informed my client about Collaborative Process;
 - The client came by referral from the Collaborative Practice Durham Website;
 - The referral came through my own website;
 - A Collaborative Referral from a 3rd Party Professional;
 - The file was transformed from traditional negotiation/litigation/mediation, etc.

(Please provide brief details)

iv) I would like my name added to a list of collaborative professionals willing to provide a free 30-minute consultation about collaborative process only (not general legal advice) to be included on the MEMBERS ONLY portion of the website as a referral resource

Yes

No