

**COLLABORATIVE PROFESSIONALS OF CANADA  
2020-2021 GROUP MEMBERSHIP APPLICATION**

<b>NAME OF GROUP:</b>
<b>ADDRESS:</b>
<b>TELEPHONE:</b>
<b>FAX:</b>
<b>EMAIL:</b>
<b>EMAIL OF GROUP REPRESENTATIVE:</b>

**TO BE COMPLETED BY GROUP REPRESENTATIVE:**

1. Name: \_\_\_\_\_.
2. Position in the group: \_\_\_\_\_.
3. I am authorized to make this Application by our Collaborative Practice Group.
4. All members of our Group are required to take the following Basic/Introductory Collaborative Training:

\_\_\_\_\_

\_\_\_\_\_

(Specify Length of Introductory Training and whether it is Interdisciplinary)

5. Does your group have any on-going educational requirements for members?  
 Yes                       No
6. I attach a list with the names, addresses, e-mail addresses, and professions (i.e. Legal, Financial, or Family) of the members of our group. NOTE – To qualify for CPC Group Membership, groups must have at least 4 members.
7. **I confirm in making this Group Application that our members have consented to receive Newsletters and information about Webinars and other relevant topics from Collaborative Professionals of Canada via e-mail. I acknowledge that members can unsubscribe at any time.**

8. Our payment of \$\_\_\_\_\_.00 for the 2020-2021 Membership Year is based on a total of \_\_\_\_\_ **members** in our group, as confirmed in the attached list, at a fee of **\$50.00 per member**:

attached by **cheque payable to 'Collaborative Professionals of Canada Inc.'**

OR

paid by **e-transfer** to [info@collaborativepracticecanada.ca](mailto:info@collaborativepracticecanada.ca)

Signed by me as authorized representative of our Group:

\_\_\_\_\_

Dated: \_\_\_\_\_

Please **Mail** your completed application (with cheque) to:

Collaborative Professionals of Canada Inc.

97 Macdonell Avenue

Toronto, ON M6R 2A4

**OR**

Please **E-mail** your completed application to: [info@collaborativepracticecanada.ca](mailto:info@collaborativepracticecanada.ca)