

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

|                   |
|-------------------|
| <b>NAME:</b>      |
| <b>ADDRESS:</b>   |
| <b>TELEPHONE:</b> |
| <b>FAX:</b>       |
| <b>EMAIL:</b>     |

**CATEGORY OF PROFESSIONAL:**

I am a:

- lawyer
- mental health professional
- financial professional

**SECTION A: TO BE COMPLETED BY LAWYERS**

I am a member in good standing of the:

Law Society of: \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY MENTAL HEALTH PROFESSIONALS**

I am a member in good standing of:

Regulatory Body: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**SECTION C: TO BE COMPLETED BY FINANCIAL PROFESSIONALS**

I am a member in good standing of:

Regulatory Body: \_\_\_\_\_

Membership Number (if applicable): \_\_\_\_\_

**SECTION D: TO BE COMPLETED BY ALL APPLICANTS**

1. I am a member of the following local, regional or provincial Collaborative Practice Group:

\_\_\_\_\_

2. I have taken the following Basic/Introductory Collaborative Training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Specify Trainers, Location and Dates of Training)

3. Does your group have any on-going educational requirements for members?

Yes                       No

4. My payment of **\$75.00** for the 2020-2021 Membership Year is:

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

OR

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

Signed: \_\_\_\_\_

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

**Note: Our Newsletters and information about Webinars and other relevant topics are provided via e-mail. To receive member e-mails from us, please check this box. You can unsubscribe at any time.**

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)