The Collaborative Association Serving The Lower Mainland of British Columbia

MEMBERSHIP APPLICATION FORM

1.	MEMBER INFORMA	ATION (this information will	appear on the group's website):
First	Name	Middle Initial	Last Name
Busin	ness/Firm Name		
Offic	ee Address		
Telep	phone	Fax	
E-mail Address		Websit	e
group	p's website to: ahelps@to	elus.net. ed Membership Application f ociation	ograph which will appear on the form and cheque to:
2.	MEMBERSHIP REQ	UIREMENTS	

(b)	Mental Health Professionals:				
I conf	irm that:				
	I hold a license in good standing in one of the following:				
	PhD - Doctor of Philosophy				
	Psy D - Doctorate of Psychology				
	LCSW - Licensed Clinical Social Worker				
	RSW - Registered Social Worker				
	MFT - Marriage and Family Therapist				
	RCC - Registered Clinical Counsellor				
	CCC - Canadian Certified Counsellor (Member of the Canadian Counselling				
	Association)				
	R Psych - Registered Psychologist				
	C Psych - Chartered Psychologist				
	Psychiatrist				
	LEP - Licensed Educational Psychologist				
	LPC - Licensed Professional Counsellor				
	 I have completed a least 12 hours of collaborative training I have completed at least 30 hours of mediation training I have completed at least 15 hours of further collaborative or mediation training I have completed at least 3 hours of training in basic family law I have not yet completed the above training requirements, but confirm that I will 				
					complete them within one year of the date of this application
				(c)	Financial Practitioners:
					irm that:
					I hold a license in good standing in one of the following:
	CFP - Certified Financial Planner				
	CPA - Certified Public Accountant				
	CA - Chartered Accountant				
	CMA - Certified General Accountant				
	CGA - Certified General Accountant				
	ChFC - Chartered Financial Consultant				
	I have completed a least 12 hours of collaborative training				
	I have completed at least 30 hours of mediation training				
	I have completed at least 15 hours of further collaborative or mediation training				
	I have completed at least 20 hours of training in family law including procedure, property				
	valuation and division, pensions and retirements plans, budgeting income and expenses,				
	child and spousal support, future income projections and financial implications of				
	different scenarios for settlement				
	I have not yet completed the above training requirements, but confirm that I will				
	complete them within one year of the date of this application				
Date	Signature of Applicant				