

*Collaborative Association Lower Mainland*

**MEMBERSHIP APPLICATION FORM**

1. MEMBER INFORMATION (this information will appear on the group's website):

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First Name	Middle Initial	Last Name
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Business/Firm Name

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Office Address

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Telephone

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Fax

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E-mail Address

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Website

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Profession (Lawyer/Divorce Coach/Child Specialist/Financial Advisor)

Please scan and send your signed Membership Application form, as well as a brief "bio" in Word format and a digital photograph which will appear on the group's website to: [membership@nocourt.net](mailto:membership@nocourt.net)

Please send an e-transfer for \$300.00 (or pro-rated to \$150.00 if applying after February 28<sup>th</sup>) to: [treasurer@nocourt.net](mailto:treasurer@nocourt.net)

2. MEMBERSHIP REQUIREMENTS

(a) Lawyers:

I confirm that:

\_\_\_\_\_ I am a member in good standing of the Law Society of British Columbia

\_\_\_\_\_ I have completed at least 12 hours of collaborative training

\_\_\_\_\_ I have completed at least 40 hours of mediation training

\_\_\_\_\_ I have not yet completed all of the above training requirements, but confirm that I intend to complete them within one year of the date of this application

## (b) Mental Health Professionals:

I confirm 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 40 hours of mediation training
- \_\_\_\_\_ I have completed at least 3 hours of training in basic family law
- \_\_\_\_\_ I have not yet completed all of the above training requirements, but confirm that I intend to complete them within one year of the date of this application

## (c) Financial Practitioners:

I confirm 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 40 hours of 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 all of the above training requirements, but confirm that I intend to complete them within one year of the date of this application

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 Date

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 Signature of Applicant