



# peel halton collaborative

## MEMBER REGISTRATION 2019

Legal Professional       Financial Professional       Family/Parenting Professional

**Name:**

**Address:**

**City:**

**Postal Code:**

**Telephone:**

**Fax:**

**Email:**

**Website:**

**Credentials:**

**Years of Practice:**

I grant permission for the above information to appear on the group's website:  YES  NO

I grant permission to be contacted by any member of the Peel Halton Collaborative Practice Group related to the group's mandate/purpose, including but not limited to notices, events, information and questions related to collaborative practice. I understand that my consent may be withdrawn at any time by contacting the membership chair. YES  NO

**Annual Membership Dues: \$300**

**PLEASE RETURN THIS FORM AND THE MEMBERSHIP QUESTIONNAIRE WITH YOUR MEMBERSHIP DUES (Cheque payable to Peel Halton Collaborative Inc.) TO:**

Rob Smith  
Durward Jones Barkwell & Company LLP  
5045 South Service Road, Suite 300  
Burlington, ON L7L 5Y7  
Phone: 905-681-6900 Email: robsmith@djb.com

**In collaborative files I agree to follow the principles of collaborative practice and the protocols as set out in our group's commonly-used Participation Agreement and as modeled by the OCLF (Ontario Collaborative Law Federation).**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## MEMBERSHIP QUESTIONNAIRE

For **New** Membership Applications:

**When and where (with whom) did you complete Level I training?**

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For Membership **Renewals**:

**When and where (with whom) did you complete Level II training?**

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Everyone:

1. (a) Have you been involved in any Collaborative files where the parties have signed a Collaborative Participation Agreement in the last 12 months?

Yes  How many? \_\_\_\_\_ No

- (b) If you answered No to (a) above, in the last 24 months?

Yes  How many? \_\_\_\_\_ No

2. Have you attended a meeting of the Peel Halton Collaborative Practice Group in the last 12 months?

Yes  How many? \_\_\_\_\_ No

3. (a) Have you taken any training courses or attended any conferences related directly to Collaborative Practice in the last 12 months?

Yes  No

- (b) If yes, which course(s) or conference(s)?

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**4. For lawyers: in which areas do you practice (please check all that apply)?**

- Collaborative Family Practice
- Negotiation
- Mediation (as mediator or as lawyer representing a party)
- Arbitration (as arbitrator or as lawyer representing a party)
- Family Litigation
- Practice area other than family law

**5. For all members: what is your primary reason for joining Peel Halton Collaborative Practice Group?**

- To socialize with other collaborative professionals
- Professional Networking
- Promotional value of presence on the group website
- Continuing education
- Access to materials and precedents
- Other \_\_\_\_\_

**Suggestions for future trainings/opportunities / comments:**

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**PLEASE NOTE: Our membership requirements include completion of Level 1 and Level 2 Collaborative training within one year of joining the group, active membership in good standing within a profession governed by a self-regulating body, and the completion of a minimum of 3 hours of continuing education dealing with collaborative practice per year. In addition, all members are expected to participate in the group by attending monthly meetings, volunteering on a committee and/or writing articles for our blog. We have a Points System, and each member is expected to earn at least 5 points during the membership year. We encourage active participation so we all benefit from being members of a vibrant and supportive practice group! I acknowledge these requirements. Initials: \_\_\_\_\_**