

**THE ASSOCIATION OF COLLABORATIVE  
FAMILY PROFESSIONALS (EDMONTON)  
APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- My contact information has not changed  
OR: My contact information has changed as follows:

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby apply for membership in the Association of Collaborative Family Professionals (Edmonton) from April 1, 2016 to March 31, 2017 as follows:

- Registered Collaborative Family Lawyer (annual fee: \$300.00\*)
- Registered Collaborative Professional (annual fee: \$300.00\*)
- Associate Membership (annual fee: \$100.00 - membership in IACP or CDAA is not required)
- Student-at-law membership (no fee)

If qualified, I also apply for the designation issued by the Society of "Registered Collaborative Family Lawyer" (RCFL) or Registered Collaborative Professional (RCP) and request that my name be listed on the Association of Collaborative Professionals Alberta website.

I understand that membership in the Association and use of the designation "Registered Collaborative Family Lawyer" (RCFL) or "Registered Collaborative Professional" (RCP) is renewable annually upon application to the Association. I hereby undertake not to hold myself out as a member of the Association nor to engage in Collaborative Practice under the auspices of the Association, should either my membership, my designation or my insurance lapse.

I will follow the Association of Collaborative Family Professionals (Edmonton) and IACP protocols and policies in my practice as an RCFL or RCP. I will not sign a Collaborative Family Law Participation Agreement unless my membership is current.

I am currently insured to practice as a Collaborative Professional and I undertake to keep my insurance coverage current for the 2016 - 2017 membership year.

I further understand that membership in the International Academy of Collaborative Professionals is a requirement of RCFL and RCP membership in the Association and I undertake to keep my IACP membership current for the 2016 - 2017 membership year.

Name: \_\_\_\_\_

I confirm that I have completed 10 hours of education related to Collaborative Practice as follows (please specify courses, number of hours and instructor. If self study is included, please provide particulars).

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Method of Payment

- Cheque enclosed \$300.00 or \$100.00 payable to The Association of Collaborative Family Professionals (Edmonton)  
\*Please note that \$100.00 of the membership fee will be paid to the Collaborative Divorce Alberta Association for membership in the provincial association - this does not apply to Associate or student memberships).

BY MAIL: Mail your payment and completed form to:  
The Association of Collaborative Family Professionals (Edmonton)  
c/o Susan Zwaenepoel, Q.C., Registrar  
#104, 10611 - 98 Avenue  
Edmonton, AB T5K 2P7  
FAX: (780)425-9779 EMAIL: [s.zwaenepoel@gzlaw.ca](mailto:s.zwaenepoel@gzlaw.ca)