



## Membership Application form

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Please Print this Form and post a signed copy along with your membership fee of \$150 (per year) to Collaborative Practice Canberra.

Address: Collaborative Practice Canberra,  
2/24 Marcus Clarke St  
Canberra ACT Australia 2601

### Contact Details

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

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

Position: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

### Profession

Please select your Profession:

Lawyer:  Accountant:

Mediator:  Social Worker:

Psychologist:  Financial Advisor:

Other:

## Education

Undergraduate: \_\_\_\_\_

Law School: \_\_\_\_\_

Other: \_\_\_\_\_

## Collaborative Law Training

Training Type: \_\_\_\_\_

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

Name of Trainer: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

## Mediation Training

Training Type: \_\_\_\_\_

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

Name of Trainer: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

## Professional Registration

Please list your Professional Registrations:

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## Professional Activities

Please list your Professional Activities:

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Confirmation

I \_\_\_\_\_  
(full name of applicant)

Of \_\_\_\_\_  
(address)

Apply to become a member of the incorporated association. If I am admitted as a member I agree to be bound by the rules of the association for the time being in force.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

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**Nomination**

I \_\_\_\_\_  
(full name)

a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

\_\_\_\_\_  
(Signature of proposer)

\_\_\_\_\_  
(Date)

**Seconding the nomination**

I \_\_\_\_\_  
(full name)

a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

\_\_\_\_\_  
(Signature of proposer)

\_\_\_\_\_  
(Date)