

Ontario Association of Family Mediators (Peel Dufferin)

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Do you want to be listed on the Chapter website: Yes No

Name and Credentials for Website: _____

Business Name and address for Website:

CONFIRMATION OF ACCREDITATION FROM OAFM: Yes No

If yes, attach copy of accreditation certificate to this application

MEMBERSHIP IN GOOD STANDING WITH OAFM in this current year:

Yes

No (please explain)

ISSUES MEDIATED:

(Please check all that apply)

Separation/Divorce (Access, Custody)

Child Protection Mediation

Separation/Divorce (Financial, Property)

Elder Mediation

Other Family Issues Mediation

Other please specify:

Ontario Association of Family Mediators (Peel Dufferin)

LANGUAGES: (Please check all that apply)

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> German |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

A FEW QUESTIONS ABOUT YOU: (Please check all that apply)

- I am currently practicing mediation and have been for ____ years.
- I provide mediation training
- I provide internship, mentoring or supervision opportunities
- I am interested in advertising opportunities on the Chapter Website
- I am interested in Continuing Professional Development opportunities
- I am interested in offering my assistance to the Chapter by assisting on Committees

Amount to be paid: \$75

PAYMENT INFORMATION:

- Cash
- cheque
- Interac epayment

Signature: _____

Office Only: Paid ____ Date Paid: _____

Signature: _____