

Peel Dufferin Family Mediation OAFM Chapter

Associate Membership Form

Name:

Address:

City: _____

Province: _____

Postal Code: _____

Phone: _____

Email: _____

Website: _____

Type of Professional?

Services You Offer?

Do you refer clients to family mediators?

Yes

No

Have you had any training in Family Mediation?

If so, please explain:

___ No

What are your reasons for joining us?

LANGUAGES: (Please check all that apply)

- English French
- Spanish German
- Hindi Punjabi
- Urdu Tamil
- Italian Other: _____
- Other: _____ Other: _____

Amount to be paid:
\$40.00

**PAYMENT
INFORMATION:**

- Cash
- cheque
- Interac
epayment

Your Signature Acknowledges your understanding and agreement that you will not be placed on the Chapter website or be able to vote but that you can attend meetings and events:

Signature and Date

Thank you for Joining Us!

Office Only: Paid _____ Date Paid:

Signature: _____