

# Hamilton/Halton Collaborative Family Practice Group

HHCFP Member Information Form  
PLEASE RETURN THIS FORM WITH YOUR MEMBERSHIP DUES TO:

Rob Smith  
Durward Jones Barkwell & Company LLP  
120 King Street West, Suite 780  
Hamilton, Ontario L8P 4V2  
phone 905-525-9520 e-mail robsmith@djb.com

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 HHCFP website:  YES     NO

I grant permission to be contacted by any member of the Hamilton/Halton Collaborative Family 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 I understand that my consent may be withdrawn at any time by contacting the membership chair.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

Training needs survey:

Collaborative Training Attended (Please list)

Training	Date(s)

Number of Collaborative Cases you have participated in:

Less than 5     6 to 10     11 to 15     16 to 20     More than 20

Suggestions for future training sessions / opportunities / comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H/H CFPG Annual Fees = \$230 (includes IACP fees)

Cheques should be made payable to Hamilton/Halton Collaborative Family Practice Group