

Ontario Association of Private Adoption Practitioners

Membership Application / Renewal

Name:		
Address:		
Phone (h)	Phone (o)	
Fax	Email	
Cell	Website	
Please check all categories that apply:		
Licensee	Social Worker	Lawyer Other (please specify)
Length of time working in adoption:		
Year approved by MCYS to work in private adoption:		Approval #:
If you are currently being mentored, please have your mentor sign this form:		
Mentor signature:		
Date:		
Annual Dues: \$100 Cheque payable to Tina McCann is enclosed Membership dues are payable by January 1 st each year.		
Mail this form together with payment to:		
Ontario Association of Private Adoption Practitioners 7030 Woodbine Avenue, Suite 100 Markham, Ontario L3R 6G2		
Date Received	Receipt Sent	Password Sent