

Name: _____

Organization: _____ Position: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Business Phone: () _____ Business Fax: _____

Residence Address: _____

City _____ Province _____ Postal Code: _____

Residence Phone: () _____ E-mail: _____

Please send mailings to: Business Address Residence Address**C.A.C.C.F. Annual Membership Fee**

<input type="checkbox"/> PE	\$ 240.00	+ \$33.60 (HST @ 14%)	= \$ 273.60
<input type="checkbox"/> ON, NL, NB	\$ 240.00	+ \$ 31.20 (HST @ 13%)	= \$271.20
<input type="checkbox"/> NS	\$ 240.00	+ \$ 36.00 (HST @ 15%)	= \$276.00
<input type="checkbox"/> All Others	\$ 240.00	+ \$ 12.00 (GST @ 5%)	= \$252.00

Student Annual Membership Fee *

<input type="checkbox"/> PE	\$60.00	+ \$8.40 (HST @ 14%)	= \$68.40
<input type="checkbox"/> ON, NL, NB	\$60.00	+ \$7.80 (HST @ 13%)	= \$67.80
<input type="checkbox"/> NS	\$60.00	+ \$9.00 (HST @ 15%)	= \$69.00
<input type="checkbox"/> All Others	\$60.00	+ \$3.00 (GST @ 5%)	= \$63.00

*Must provide proof of student status in an Addiction or Human Services Program.

Membership Package includes C.A.C.C.F. Standards & Certification Manual

METHOD OF PAYMENT:1. Cheque Money OrderMail with fee to: CACCF, PO Box 408 Carp, ON, K0A 1L0
GST #1231588912. Visa MasterCard

Card Number _____

Expiry Date _____

Signature _____

Tell Us About Yourself

How did you hear about C.A.C.C.F.?

- College/University Employer
 Internet Other _____

Which of the following best describes your place of work?

- Treatment (Hospital Based) Treatment (Community Based)
 Assessment/Referral Recovery Home
 Withdrawal Management Private Practice
 Other _____

Which of the following best describes your primary job function?

- Counsellor Clinical Supervisor
 Administrator Therapist
 Consultant Other _____

What are your areas of interest?

- Youth Relapse Prevention
 Fetal Alcohol Syndrome Harm Reduction
 Mental Health Problem Gambling
 Suicide Prevention EAP's
 Women and Addictions Substance Abuse and the Elderly
 Prevention Male Adult and Addictions
 Aboriginal Abstinence
 Corrections Other _____

 Check box to be added to the "Meet our Members" page online**CANON OF ETHICAL PRINCIPLES**

1. Believe in the dignity and worth of all human beings, and pledge my service to the well-being and betterment of all members of society;
2. Recognize the right of humane treatment of anyone suffering from alcoholism or drug abuse, whether directly or indirectly;
3. Promote and assist in the recovery and return to society of every person served, assisting them to help themselves, and referring them promptly to other programs or individuals, when in their best interest;
4. Maintain a proper professional relationship with all persons served, assisting them to help themselves, and referring them promptly to other programs or individuals when in their best interest;
5. Adhere strictly to establish precepts of confidentiality in all knowledge, records and materials concerning persons served, and in accordance with any current government regulations;
6. Ensure that all interpersonal transactions between myself and persons served are non-exploitive and essential to their good recovery;
7. Give due respect to the rights, views and positions of any other alcoholism and/or drug counsellors and related professionals;
8. Respect institutional policies and procedures, and cooperate with agency management with which I may be associated, as long as this remains consistent with recognized standards, procedures and ethics;
9. Contribute my ideas and findings regarding alcoholism and other drug addictions and their treatment and recovery, to any body of knowledge, through appropriate channels;
10. Refrain from any activities, including the abuse of alcohol, drugs or other mood altering chemicals where my personal conduct might diminish my personal capabilities, denigrate my professional status, or constitute a violation of the law;
11. Avoid claiming or implying any personal capabilities or professional qualifications beyond those I have actually attained, recognizing that competency gained in one field of activity must not be used improperly to imply competency in another;
12. Regularly evaluate my own strengths, limitations, and biases, or levels of effectiveness, always striving for self-improvement and seeking professional development by means of further education and training.

Signature _____ Date: _____

Please note: Application will not be processed if Canon of Ethical Principles is not signed and dated.