

Name: \_\_\_\_\_  Mr  Mrs  Ms  Other \_\_\_\_\_

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"/> BC	\$190.00	+ \$22.80 (HST @ 12%)	=	\$212.80
<input type="checkbox"/> ON, NL, NB	\$190.00	+ \$24.70 (HST @ 13%)	=	\$214.70
<input type="checkbox"/> NS	\$190.00	+ \$28.50 (HST @ 15%)	=	\$218.50
<input type="checkbox"/> All Others	\$190.00	+ \$9.50 (GST @ 5%)	=	\$199.50

**Student Annual Membership Fee\***

<input type="checkbox"/> BC	\$60.00	+ \$7.20 (HST @ 12%)	=	\$67.20
<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 Order

Mail with fee to: C.A.C.C.F. 81 Bruce St., Unit C, Kitchener, Ontario N2B 1Y7  
or fax to: C.A.C.C.F. 519.772.0535 GST #123158891

2.  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 \_\_\_\_\_

Would you like to be added to our membership directory.

**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 any 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 are not signed and dated.