

**Collaborative Divorce Professionals, Inc.
Non-Attorney New Membership Application**

Please complete the following information as you wish it to appear in the member roster on the CDP, Inc. web site page (www.winwindivorce.org.) **PLEASE PRINT CLEARLY.**

Name: _____

Firm Name (Optional): _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____ Personal Web Site: _____

Profession: _____

Licenses/Area(s) of Specialty: _____

Please initial all that apply:

_____ I agree to attend an orientation in collaborative family law by Collaborative Divorce Professionals Inc. following the date of my acceptance as a member.

_____ I have enclosed a check payable to Collaborative Divorce Professionals, Inc. for dues in the amount of \$200.00.

Signature: _____ Date: _____

(Optional) Recommended by CDP, Inc. Member: _____

Your application will be reviewed promptly by the Membership Committee, and you will be notified of your membership status after acceptance by the Board of Directors of Collaborative Divorce Professionals, Inc. As a private corporation, the Board of CDP, Inc. retains the right to reject an application for membership for any reason.

Please send application and payment to a CDP, Inc. Board member