

**Collaborative Divorce Professionals, Inc.**  
**New Membership Application**  
**(Revised 2/22/10)**

Please complete the following information as you wish it to appear in the member roster. The roster may be printed from the web site to handout with the brochure that is provided to clients. **PLEASE PRINT CLEARLY.**

Name: \_\_\_\_\_

Firm Name (Optional): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Personal Web Site: \_\_\_\_\_

OSBA Board Certified Specialist in Family Relations Law? \_\_\_\_\_ Yes \_\_\_\_\_ No

Your application will be reviewed promptly by the Membership Committee, and you will be notified whether you meet the membership criteria approved by the Board of Trustees of Collaborative Divorce Professionals, Inc.

**Please check all that apply and fill in all blanks:**

\_\_\_\_\_ I have been an attorney in good standing for \_\_\_\_\_ years prior to the date of this application. My date of original admission to the Bar of the State of \_\_\_\_\_ was \_\_\_\_\_.

\_\_\_\_\_ I have been licensed to practice law in Ohio for \_\_\_\_\_ years immediately preceding the date of this application.

\_\_\_\_\_ I have been substantially involved with Family Law matters for \_\_\_\_\_ years.

\_\_\_\_\_ I am a member of a local bar association. Association name: \_\_\_\_\_.

\_\_\_\_\_ I am covered by professional liability insurance, and I agree to continue such coverage for so long as I am a member of Collaborative Divorce Professionals, Inc.

\_\_\_\_\_ I already have completed a two-day basic training course in collaborative family law. Trainer's name: \_\_\_\_\_, City: \_\_\_\_\_, Date: \_\_\_\_\_

\_\_\_\_\_ I agree to complete a two-day basic training course in collaborative family law within 12 months following the date of my acceptance as a member (12 hours of CLE credit).

\_\_\_\_\_ I have enclosed a check in the amount of \$200.00 payable to Collaborative Divorce Professionals, Inc. for dues for 2009.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Optional) Recommended by CDP, Inc. Member: \_\_\_\_\_

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