

**CENTRAL OHIO ACADEMY OF
COLLABORATIVE DIVORCE PROFESSIONALS**

SERVICE PROVIDERS MEMBERSHIP APPLICATION

(For example: Real estate appraisers, realtors, private judges, pension evaluators, vocational experts)

Name: _____

Firm Name (optional): _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Personal Website: _____

Licenses/ Area(s) of Specialty: _____

(OPTIONAL) Please list any Collaborative Training courses or Mediation Training courses completed:

Course Name:	Trainer:	Date:	Hours Completed:

I have enclosed a check in the amount of \$100 made payable to Central Ohio Academy of Collaborative Divorce Professionals.

Please send your application and check to: COACDP, c/o Heather Deskins, CPA, 309 S. Fourth Street, Suite 319, Columbus, Ohio 43215.

Date

Signature