

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