



**2015**  
***Associate Membership Application***  
New & Renewal

An *Associate* Member is a family law attorney, divorce financial professional or mental health professional that does not satisfy all of the requirements of an *Active* Member. They are not listed on the CDS website. However, they are eligible to attend Roundtable meetings and Member Retreat trainings.

I am applying for or renewing *Associate* Membership in Collaborative Divorce Solutions (CDS).

*Associate* Membership Annual Dues: \$200.00

Last, First, Middle Initial: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Primary Business Address**

Primary Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

**Secondary Business Address**

Secondary Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

## Professional Requirements

Please check the box below for the professional licenses and certification that applies to you:

Attorney at Law: Licensed in good standing to practice law in California and have completed continuing education requirements to maintain license.

Mental Health Professional: Licensed as a Psychologist (PsyD or PhD), Licensed Clinical Social Worker (LCSW), Licensed Marriage Family Therapist (LMFT), or Licensed Professional Clinical Counselor (LPCC) and have completed continuing education requirements to maintain license.

Child Specialist: Same as Mental Health Professional requirements above.

Financial Advisors: Licensed as a Certified Financial Planner (CFP), Certified Public Accountant (CPA), or Chartered Financial Consultant (CHFC) AND a Certified Divorce Financial Analyst (CDFA) and have completed continuing education requirements to maintain license (if required).

Time in Professional Practice: \_\_\_\_\_

Professional License No: \_\_\_\_\_

Errors & Omissions Coverage Carrier: \_\_\_\_\_

Errors & Omissions Policy Number: \_\_\_\_\_

Errors & Omissions Policy Expiration Date: \_\_\_\_\_

## Professional Training in the Collaborative Process

### Note

If renewing your *Associate* Membership please do not fill in your training below; rather, please verify your training and classes are listed correctly on the Collaborative Divorce Solutions website (CDSOC.com).

### 3-Day Collaborative Training

Training Description	Instructor/Trainer(s)	Date Completed	Hours
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### Mediation Training

Training Description	Instructor/Trainer(s)	Date Completed	Hours
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### Additional or Advanced Training

Training Description	Instructor/Trainer(s)	Date Completed	Hours
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## Requirements for *Associate* Membership (without exception)

1. I commit to attend a minimum of 50% of CDS general membership meetings (Luncheon and Roundtable meetings) each year.
2. I agree to indemnify and hold harmless CDS and its Board of Directors, officers or agents, from any liability and costs attendant thereto (including fees for representation and other litigation expenses), arising out of my actions as a collaborative professional or my removal from the roster by reason of my lack of adherence to the requirements described in this *Associate* Membership Application.
3. I agree to pay membership fees of \$200.00 annually as an *Associate* member, due and payable on January 1<sup>st</sup> of each year.
4. I agree to maintain Malpractice/Liability Insurance or Errors and Omissions Insurance and to provide annual evidence of compliance to the Membership Committee Chairperson. Please attach proof of insurance.
5. I agree to maintain my professional license for my profession in good standing and to provide annual evidence of current licensure to the Membership Committee Chairperson. Please attach proof of current license(s).

6. I understand am not required to join membership with the International Academy of Collaborative Professionals (IACP).

**I certify that I have met the requirements as set forth above.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Please complete, sign and date this *Associate* Membership Application along with all required attachments and your check made payable to “Collaborative Divorce Solutions” and mail it to the Membership Committee Chairperson:

Marvin L. Chapman  
c/o Alana Bermudez  
303 South Shirlmar Avenue  
San Dimas CA 91773-3039  
714.329.3532

I have received and reviewed this *Associate* Membership Application along with all required attachments and a check in the amount of \$200.00 made payable to Collaborative Divorce Solutions.

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**Signature of Membership Committee Chairperson**

\_\_\_\_\_  
**Date**