



www.cdsoc.com

2016
General Membership Application
New & Renewal

An General Member is a family law attorney, financial specialists or mental health professional that has met all of the training requirements for *General* Membership in Collaborative Divorce Solutions (CDS). I am applying for or renewing *General* Membership in Collaborative Divorce Solutions (CDS). Annual Dues for *General* Membership: \$400.00.

Last, First, Middle Initial: _____

Business Name: _____

E-mail Address: _____

Website: _____

Cell Phone: _____

Primary Business Address

Primary Street Address: _____

City, State, Zip: _____

Business Phone: _____

Secondary Business Address

Secondary Street Address: _____

City, State, Zip: _____

Business Phone: _____

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 with 5 years of post-licensure experience working with divorcing individuals and couples, 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) with a minimum of 5 years post-licensure experience with divorcing individuals, couples and family systems, and have completed continuing education requirements to maintain license.

Child Specialist: In addition to the Mental Health Professional requirements above, a Child Specialists shall have a minimum of 5 years post-licensure experience providing individual psychotherapy with children.

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) with 5 years of post-licensure experience in financial services and 2 years of experience in working with divorcing individuals and couples, and have completed continuing education requirements to maintain license (if required).

Waiver of Requirement: I do not meet all the requirements for my profession; however, I was accepted for membership by the CDS Board of Directors prior to June 1, 2011.

Time in Professional Practice: _____

Professional License No: _____

IACP Membership Expiration Date: _____

Errors & Omissions Coverage Carrier: _____

Errors & Omissions Policy Number: _____

Errors & Omissions Policy Expiration Date: _____

Professional Training in the Collaborative Process

Note

If renewing your *General* 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 at 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 *General* 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 *General* Membership Application.
3. I agree to pay membership fees of \$400.00 annually as a *General* member, due and payable on January 1st 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 agree to include a Disqualification Clause on every collaborative case I am on.
7. I consent to engage in a necessary conversation if requested to do so by the Facilitation Committee.
8. I agree to maintain my membership in good standing with the International Academy of Collaborative Professionals (IACP). Please attach proof of IACP membership (Go to www.collaborativepractice.com to join as a member of the CDS group membership).
9. I have completed a 3-day collaborative basic training. Please attach proof of completion.
10. I have completed minimum 18 hours of mediation training. Please attach proof of completion.
11. I have completed advanced training after having finished at least 2 collaborative cases. Please attach proof of completion.

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

Signature of Applicant

Date

Please complete, sign and date this *General* 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
PO Box 18469
Irvine, CA 92623-8469

I have received and reviewed this *General* Membership Application along with all required attachments and a check in the amount of \$400.00 made payable to Collaborative Divorce Solutions.

Signature of Membership Committee Chairperson

Date