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## 2015

### *Professional Resource Membership Application*

New & Renewal

A *Professional Resource* Member is defined as a professional who does not fall into the present category of membership (*General* or *Associate*). They are non-voting members. They will not be advertised on any membership lists or any CDS promotional materials. They are not eligible for inclusion on a professional team involved in a collaborative case. However, they will be eligible to receive referrals in their area of expertise (such as real estate agent, financial advisor, mortgage broker, estate attorney, etc.). They are eligible to attend Roundtable training and the annual Member Retreat. They are eligible to be on the website under a separate web page entitled *Professional Resource Members*.

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

*Professional Resource* 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: \_\_\_\_\_

**Professional Requirements**

Profession: \_\_\_\_\_

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**

3-Day Collaborative Training

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

1. I commit to attend a minimum of five (5) general membership meetings (Luncheon and/or 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 a *Professional Resource* 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 in the International Academy of Collaborative Professionals (IACP).
7. I have completed a 3-day collaborative basic training (required). Please attach proof of completion.

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

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**Signature of Applicant**

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**Date**

Please complete, sign and date this *Professional Resource* 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 *Professional Resource* 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

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Date