		COLLSABORATIVE PRACTIC SILICON VALU	_EY	
Name:	-		_	
Address	: _			
Telephone:		Fax:		
Email:		Professi	on:	
MEMBER REQUIREMENTS				
I.	<u>Introductory Level</u> : Those persons licensed and have not met the minimum training requirements Collaborative Practice (one single program, min. 12 hours) and Mediation (one single program, min. hours). Introductory Level membership is allowed for only two years; then member is expected attain Professional Level membership.			
	otherw membe	<u>iate Level</u> : Those persons in the community interested in C vise qualify as members in Introductory and/or Professional Levers who have not yet completed the minimum training required diation are encouraged to do so.	vel membership. Associate Level	
II.		e to the Principles and Guidelines of Collaborative Practice and commit to the use of the lation and Order re: Collaborative Practice," or equivalent, for any Collaborative case.		
III.	Pay all	dues and assessments as may be assessed from time to time by CPSV.		
IV.	Abide	by the standards and ethics of their respective profession.		
V.	Serve	on a least one Committee of the Organization. Indicate your committee choice on page 2.		
VI.		urrent member of IACP. (\$145 IACP fee paid by CPSV—DO NOT ADVANCE YOUR IACP DUES J WISH THEM TO BE PAID BY CPSV.)		
VII.		at least 6 regular monthly meetings per year (Membership Committee will keep records. Failure to meet this ent may result in removal from NoCourt.org website).		
VIII.	-	lete a minimum number of 6 hours of education in Collaborative Practice with CPSV, or as approved nbership Committee, each year. (Membership Committee will keep records).		
IX.		tibe to the protocol(s) as adopted by CPSV from time to time to address difficult issues among ers and participate in good faith with the process designated to address such issues.		
X.	Compl	letion of CPSV-approved Fundamentals of Divorce Process/Far	nily Law 101 seminar.	
	omplete,	l Dues: \$245.00 due by 1/31/2020. (\$235 if paid by 12/31/201 , sign and return this application along with your check <u>payable to:</u> actice Silicon Valley (please do <u>not</u> use initials)	Submit to: c/o Sharon Clark	
X		Date	1120 McKendrie Street San Jose, CA 95126	
		e above requirements have been met and I shall promptly provide ucation to the Membership Committee.	e my records of Collaborative Page 1 of 2	

Committee Sign up

Please sign me up for the following committee (check one box):

1. Membership & Mentoring	[]
2. Public Education (Divorce)	[]
3. Public Education (Trust and Estates)	[]
4. <u>Program</u>	[]
5. Strategic Planning	۲1