

**EMERITUS LEVEL MEMBERSHIP**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Profession: \_\_\_\_\_

**MEMBER REQUIREMENTS**

- I. Qualify as an Emeritus Member of CPSV by (a) having been a Professional Member of CPSV for at least three years and (b) being retired and no longer taking or working on any cases.
- II. Pay all dues and assessments as may be assessed from time to time by CPSV.
- III. Abide by the standards and ethics of their respective profession for so long as they remain actively licensed.
- IV. Attendance at meetings and participation on Committees is welcomed, but not required.
- V. Annual Dues: \$100.00 due by 1/31/2020.

Please complete, sign and return this application along with your check payable to:  
Collaborative Practice Silicon Valley (please do not use initials)

Submit to:  
c/o Sharon Clark  
1120 McKendrie Street  
San Jose, CA 95126

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

**I certify that the above requirements have been met.**

Rev. November 2019