



INTRODUCTORY OR ASSOCIATE LEVEL MEMBERSHIP

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Profession: _____

MEMBER REQUIREMENTS

I. Introductory Level: Those persons licensed and have not met the minimum training requirements in Collaborative Practice (one single program, min. 12 hours) and Mediation (one single program, min. 30 hours). Introductory Level membership is allowed for only two years; then member is expected to attain Professional Level membership.

Associate Level: Those persons in the community interested in Collaborative Practice who do not otherwise qualify as members in Introductory and/or Professional Level membership. Associate Level members who have not yet completed the minimum training requirements in Collaborative Practice and Mediation are encouraged to do so.

II. Adhere to the Principles and Guidelines of Collaborative Practice and commit to the use of the “Stipulation 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.

VI. Be a current member of IACP. (For 2014 (only): \$100 IACP fee paid by CPSV—DO NOT ADVANCE YOUR IACP DUES IF YOU WISH THEM TO BE PAID BY CPSV.)

VII. Attend at least 6 regular monthly meetings per year (Membership Committee will keep records).

VIII. Complete a minimum number of 6 hours of education in Collaborative Practice with CPSV, or as approved by Membership Committee, each year. (Membership Committee will keep records).

IX. Subscribe to the protocol(s) as adopted by CPSV from time to time to address difficult issues among members and participate in good faith with the process designated to address such issues.

X. Completion of CPSV-approved Fundamentals of Divorce Process/Family Law 101 seminar.

XI. Annual Dues: \$200.00 due by 1/31/2014. (\$190 if paid by 12/31/2013).

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 Jessica Lee-Messer
51 E. Campbell Ave., Ste. 101-D
Campbell, CA 95008

X _____ Date _____

I certify that the above requirements have been met and I shall promptly provide my records of Collaborative training and education to the Membership Committee.