

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 1/31/2014.

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.

Rev. December 2013