

Collaborative Divorce Association of the Capital District

Affiliate Membership Application

(For vocational specialists, real estate agents, accountants, economists, business evaluators or other recognized professions that assist in the Collaborative Process)

Please print clearly and complete all fields below. This information is used to compile the CDACD membership directory

Background:

NAME: _____
FIRM: _____
ADDRESS: _____
EMAIL: _____ PHONE: _____ FAX: _____
WEBSITE: _____
PROFESSION: _____
SPECIALTY: _____

Membership Requirements:

Successful completion of the 2-hour Introductory Local Collaborative Practice training program.

_____(initial) I acknowledge that I meet the requirements of affiliate membership in the Collaborative Divorce Association of the Capital District or will attend a training within 2 months of joining. I pledge to adhere to these requirements.

Signature: _____ **Date:** _____

Please submit the following by **January 31st** to complete your application:

1. Completed membership application
2. Annual dues of \$100 (made out to "CDACD")

Mailing address:
CDACD
P.O. Box 38165
Albany, New York 12203

Benefits of Membership:

1. Opportunity to participate as an affiliate collaborative practitioner
2. Listing on the CDACD website as an affiliate member
3. Membership meetings with networking opportunities
4. Continuing educational trainings
5. Marketing visibility in the newsletter and website
6. Regular email notice of upcoming events
7. Advanced training opportunities offered by CDACD
8. Affiliation with an alliance of professionals committed to advancing the use of collaborative, non-adversarial strategies to help clients achieve agreements in a dignified, thoughtful and respectful manner