

**APPLICATION FOR MEMBERSHIP – ATTORNEY
COLLABORATIVE DIVORCE ASSOCIATION
OF THE CAPITAL DISTRICT**

EARLY BIRD SPECIAL! If you submit your dues by December 31, 2016, dues will only be \$300.00 instead of \$325.

For Membership Calendar Year 2017

Name: _____
 First Middle Last

Firm Name: _____

Office Address: _____

Telephone: _____ Facsimile: _____

Email: _____

Website: _____

Degree and Date Awarded: _____

Number of Collaborative Cases in 2016: _____

I am currently involved in a practice group: YES NO

I am interested in joining a practice group: YES NO

Training Guidelines:

1. I have completed a Mediation Training (including divorce mediation) as follows:
 (If renewing membership, please only indicate 2016 training information.)

 Course/Trainer(s) _____

 Location/Date: _____

 Number of Hours: _____

 Course/Trainer(s) _____

 Location/Date: _____

 Number of Hours: _____

- I have not yet met the above guideline.

2. I have completed Interdisciplinary Collaborative Practice Training taught by trainers who meet the IACP minimum standards for trainers as follows:
(If renewing membership, please only indicate 2016 training information.)

Course/Trainer(s) _____

Location/Date: _____

Number of Hours: _____

- I have not yet met the above guideline.
3. I have practiced law for a minimum of 3 years.
- I have not yet met the above guideline.

By signing below, I agree to the following (check each individually and sign below):

- I commit to follow the purpose and mission of the Collaborative Divorce Association of the Capital District which is “to advance and promote the principles of collaboration in divorce and family law, which fosters marriage dissolution and the resolution of family related matters in an environment without animosity or recrimination; to elevate the standards of integrity, honor and courtesy in the legal profession, and to foster cooperation among the legal profession, mental health profession, financial profession and other professionals serving the public in divorce and family matters.” I will strive to practice in a manner consistent with the International Academy of Collaborative Professionals Principles of Collaborative Practice and Ethical Standards.
- I agree to use the standard forms issued by CDACD, and to commit to the principles and guidelines of CDACD, including all provisions requiring confidentiality and that attorneys withdraw if the matter results in contested litigation.
- I agree to attend at least ten (10) hours of continuing education every two (2) years which may include at least four (4) hours each year of collaborative training offered by CDACD or its equivalent. Such training may include topics specific to the collaborative process, or, "cross-training", i.e., courses in disciplines, other than my own profession, which are useful in the collaborative process. I understand that if I do not complete this training during the requisite time frame, I may not be eligible for renewal of my membership.
- I understand that I will be listed as a member professional in CDACD brochures, advertising materials, and on the CDACD website, and I consent to receive emails from CDACD regarding membership issues, meetings, and general information (not advertisements).

I AGREE TO ABIDE BY THE FOREGOING AGREEMENTS AND PRINCIPLES:

Signature of Applicant: _____ *Date:* _____

Please submit the following with your application no later than JANUARY 31, 2017 to:

CDACD
P.O. Box 38165
Albany, New York 12203

- Completed Membership Application.
- Annual Dues of **\$325.00**, payable to “CDACD”

Note: The dues will be for the calendar year 2017 and the amount due includes \$100.00 for IACP membership for 2017. Timely payment of annual dues is required to maintain your membership in CDACD.

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