



ORANGE COUNTY

[www.cdsoc.com](http://www.cdsoc.com)

## Professional Resource Membership Application

-- New & Renewal --

A Professional Resource Member is defined as a professional who does not qualify in any other category of membership. These professionals include, but not limited to, real estate agents, financial advisors, mortgage brokers, estate attorneys, and similar type of professionals. They shall be eligible to receive referrals in their area of expertise. They are non-voting members. They will not be advertised on any membership lists or any other CDS promotional materials. However, they are eligible to be on the CDS website on a separate web page entitled "Professional Resource Members". The yearly membership fee shall be the same as for associate Members. Professional Resource Members are eligible to attend luncheons, roundtable, installation party, social events, and the Annual Member Retreat. If there is a fee for attending any of these events, they will be required to pay those fees.

Professional Resource Membership Annual Dues: **\$275.00**

Last, First, Middle Initial: \_\_\_\_\_

Business Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### **Primary Business Address**

Primary Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

## **Professional Requirements**

Profession: \_\_\_\_\_

Time in Professional Practice: \_\_\_\_\_

Professional License No: \_\_\_\_\_

Errors & Omissions Coverage Carrier: \_\_\_\_\_

Errors & Omissions Policy Number: \_\_\_\_\_

Errors & Omissions Policy Expiration Date: \_\_\_\_\_

## **Professional Training in the Collaborative Process**

### 3-Day Collaborative Training

Training Description	Instructor/Trainer(s)	Date Completed	Hours
----------------------	-----------------------	----------------	-------

## **Requirements for Professional Resource Membership** (without exception)

1. I have completed a 3-day training in the Collaborative Divorce Interdisciplinary Team model training approved by the CDS Board which does not include online (website based) training. Provide evidence of completion to the Membership Committee Chair if not previously submitted.
2. I agree to attend a minimum of five CDS general meetings each year. For this purpose, attending luncheons, roundtables, social events, installation party, and the Annual Member Retreat are considered general meetings.
3. I understand I am not required to be a member of the International Academy of Collaborative Professionals (IACP).
4. I agree to maintain standard malpractice/liability Insurance (errors and omissions Insurance) for my profession. Provide evidence of current insurance to CDS Membership Committee Chair and each year upon renewal.

5. I agree to indemnify and hold harmless CDS and its Board of Directors, officers or agents, from any liability and costs attendant thereto (including fees for representation and other litigation expenses), arising out of my actions as a collaborative professional or my removal from the roster by reason of my lack of adherence to the requirements described in this Professional Resource Membership Application.
6. I have completed a minimum of 18 hours of mediation training, or shall do so within one (1) year of initial membership. The mediation training must be pre-approved by the CDS Board and shall not include online (website based) training. Provide evidence of 18 hours of CDS Board approved mediation training to CDS Membership Committee Chair.
7. I agree to pay membership fees of \$200.00 annually as a Professional Resource member, due and payable on January 1<sup>st</sup> of each year.
8. I agree to maintain my professional license and/or certificate for my profession in good standing. Provide evidence of current license or certification to CDS Membership Committee Chair and each year upon renewal.
9. I consent to engage in a necessary conversation if requested to do so by the Facilitation Committee.

**I certify that I have met the requirements as set forth above.**

\_\_\_\_\_  
**Signature of Applicant**

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

Please complete, sign and date this Professional Resource Membership Application along with all required attachments and your check made payable to “Collaborative Divorce Solutions.” Please scan and email your application to our Membership Chair at [amy@addlemancpas.com](mailto:amy@addlemancpas.com) and mail your check to our Treasurer:

**Kristine Rushing  
 Financial Harmony, LLC  
 600 Anton Blvd., 11th Floor  
 Costa Mesa, CA 92626**

I have received and reviewed this Professional Resource Membership Application along with all required attachments and a check in the amount of \$275.00 made payable to Collaborative Divorce Solutions.

\_\_\_\_\_  
**Signature of Membership Committee Chair**

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