



ORANGE COUNTY

www.cdsoc.com

Student Membership Application

-- New & Renewal --

An Student Member is a student currently attending university in a field of study to become an attorney, mental health professional, or financial specialist; and who has not met the training requirements for CDS. They shall be obligated to pay reduced dues. Student Members are eligible to attend luncheons, roundtable, social events, installation party, and the Annual Member Retreat. If there is a fee for attending any of these events, they will be required to pay those fees. They shall not be eligible to receive referrals from CDS to be a professional member on a collaborative case. They shall not have voting rights in the Corporation, shall not be eligible to hold office in the Corporation, shall not be on any advertised membership lists such as the CDS website, shall not be on any CDS promotional materials, and shall not be subject to assessment by the Corporation.

Student Membership Annual Dues: **\$25.00**

Last, First, Middle Initial: _____

Business Name: _____

E-mail Address: _____

Website: _____

Cell Phone: _____

Primary Address

Primary Street Address: _____

City, State, Zip: _____

Business Phone: _____

Secondary Address

Secondary Street Address: _____

City, State, Zip: _____

Business Phone: _____

Professional Requirements

Please check the box below for the current path of study or certification(s) that applies to you:

Attorney at Law: Currently studying law in California.

Mental Health Professional: Currently studying to be licensed in California as a Psychologist (PsyD or PhD), Licensed Clinical Social Worker (LCSW), Licensed Marriage Family Therapist (LMFT), or Licensed Professional Clinical Counselor (LPCC).

Child Specialist: Same as Mental Health Professional requirements above.

Financial Advisors: Currently studying a business degree in California that will enable a path to becoming licensed as a Certified Financial Planner (CFP), Certified Public Accountant (CPA), or Chartered Financial Consultant (CHFC) **and** a Certified Divorce Financial Analyst (CDFA).

Current Enrolled University: _____

Current Major: _____

Estimated Year of Graduation: _____

Professional Training in the Collaborative Process

Please list any relevant classes taken:

Training Description	Instructor/Trainer(s)	Date Completed	Hours
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Requirements for Student Membership

1. I agree to attend a minimum of five CDS general meetings each year. For this purpose, luncheons, roundtables, social events, installation party, and the Annual Member Retreat are considered general meetings.

2. I understand I am not required to join membership with the International Academy of Collaborative Professionals (IACP).
3. 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 Student Membership Application.
4. I agree to pay membership fees of \$25.00 annually as a Student Member, due and payable on January 1st of each year.
5. I agree to be enrolled in a university program in good standing in one of the fields of study described above. Provide evidence of current university enrollment (including relevant major/program) to CDS Membership Committee Chair and each year upon renewal.
6. I agree that I have not been previously licensed by any governing entity as an attorney, mental health, or financial professional.
7. 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 Student 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 and mail your check to our Treasurer:

**Kristine Rushing
 Collaborative Divorce Solutions
 P.O. Box 18469
 Irvine, CA 92618**

I have received and reviewed this Student Membership Application along with all required attachments and a check in the amount of \$25.00 made payable to Collaborative Divorce Solutions.

Signature of Membership Committee Chair

Date