



ORANGE COUNTY

www.cdsoc.com

Associate Membership Application

-- New & Renewal --

An Associate Member is an attorney, mental health professional, or financial specialist who has not met the training requirements for CDS. They shall be obligated to pay reduced dues. Associate 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.

Associate 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: _____

Secondary Business Address

Secondary Street Address: _____

City, State, Zip: _____

Business Phone: _____

Professional Requirements

Please check the box below for the professional license(s) and certification(s) that applies to you:

Attorney at Law: Licensed in good standing to practice law in California and have completed continuing education requirements to maintain license.

Mental Health Professional: 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), and have completed continuing education requirements to maintain license.

Child Specialist: Same as Mental Health Professional requirements above.

Financial Specialist: Licensed as a Certified Divorce Financial Analyst (CDFA), and have completed continuing education requirements (if required) to maintain license(s) and certification.

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

NOTICE

Renewing Associate Members only: DO NOT fill in your training below. Rather, please verify training by listing such training on the Collaborative Divorce Solutions website at cdsoc.com.

3-Day Collaborative Training

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

Training Description	Instructor/Trainer(s)	Date Completed	Hours
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Additional or Advanced Training

Training Description	Instructor/Trainer(s)	Date Completed	Hours
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Requirements for Associate 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 am not required to join membership with the International Academy of Collaborative Professionals (IACP).
3. 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.
4. 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 Associate Membership Application.

5. I agree to pay membership fees of \$275.00 annually as an Associate Member, due and payable on January 1st of each year.

6. I agree to maintain my professional license and certification for my profession in good standing. Provide evidence of current license(s) and certification to CDS Membership Committee Chair and each year upon renewal.

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 Associate 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 92623**

I have received and reviewed this Associate 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