



General Membership Application

-- New & Renewal --

A General Member is an attorney, mental health professional, or financial specialist who has met all of the Collaborative Divorce Solutions (CDS) requirements for General Membership as outline in this Application.

Annual Dues for *General* Membership: **\$475.00.**

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 licenses and certification that applies to you:

- [] Attorney at Law: Licensed in good standing to practice law in California with five (5) years of experience with divorcing couples/individuals, and have completed continuing education guidelines to maintain state bar license.
- [] Mental Health Professional: Licensed in California as either a Psychologist (PsyD or PhD), Licensed Clinical Social Worker (LCSW), Licensed Marriage Family Therapist (LMFT), or Licensed Professional Clinical Counselor (LPCC), with a minimum of five (5) years post-licensure experience with divorcing couples/individuals and family systems, and have completed continuing education guidelines to maintain license.
- [] Child Specialist: In addition to the above requirements for mental health professionals, child specialists shall have a minimum of five (5) years of post-licensure experience providing individual and child psychotherapy.
- [] Financial Specialist: Licensed as a Certified Divorce Financial Analyst (CDFA) with a minimum of five (5) years of post-licensure experience with financial services and two (2) years with divorcing couples/individuals and have completed continuing education guidelines (if required) to maintain license(s) and certification.

Time in Professional Practice: _____

Professional License No: _____

IACP Membership Expiration Date: _____

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
----------------------	-----------------------	----------------	-------

Mediation Training

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

Additional or Advanced Training

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

Requirements for General Membership

1. I have completed a CDS Board pre-approved 3-day training in the Collaborative Divorce Interdisciplinary Team model training. Provide evidence of completion to Membership Committee Chair if not previously submitted.
2. I agree to attend a minimum of 10 CDS general meetings each year. For this purpose, luncheons, roundtables, social events, installation party, and the Annual Member Retreat are considered general meetings.
3. I agree to being an active member in good standing with the International Academy of Collaborative Professionals (IACP) and to provide annual evidence of current membership to the Membership Committee Chair. I understand it is my responsibility to maintain my current membership with IACP by contacting them at memberservices@collaborativepractice.com or by calling (480)719-5044 (ensure you let them know you are a member of CDS in Orange County to receive our CDS group rate). Provide evidence of current IACP membership to CDS Membership Committee Chair and each year upon renewal.
4. I agree to maintain malpractice/liability insurance (errors and omissions insurance), with coverage amounts and terms to be specified from time to time by the Corporation, and to provide annual evidence of current insurance to the Membership Committee Chair. Provide evidence of current insurance to CDS Membership Committee Chair and each year upon renewal.

5. I agree to complete at least 12 hours of collaborative, mediation, or skill building annually, which may include CDS luncheons that qualify for training, roundtables that qualify for training, the Annual Member Retreat and/or CP Cal and IACP Conference workshops that qualify for training. Provide evidence of annual 12 hours of additional training to CDS Membership Committee Chair each year.
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 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 General Membership Application.
8. I agree to pay General Membership fees of \$475.00 annually as a General Member, due and payable on January 1st of each year.
9. 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.
10. I agree to include a Disqualification Clause on every collaborative case I am on.
11. I agree to engage in a necessary conversation if requested to do so by the Facilitation Committee.
12. I acknowledge I must complete advanced training after having finished at least two (2) collaborative cases. Upon completion of at least 2 collaborative cases, provide evidence of completion of advanced training to CDS Membership Committee Chair.
13. I understand and acknowledge that all applicants for General Membership who otherwise meet all requirements for General Membership shall be submitted to peer review by the Membership Committee Chair within 30 days of receipt of their General Membership Application. I further understand and acknowledge that the steps for peer review include the following:
 - A. Initial discussion and vetting by the Membership Committee;
 - B. Transmission of the name and Application of the applicant to the full membership and inviting confidential feedback to the Membership Committee Chair;
 - C. Submission of the feedback to the CDS Board of Directors to vote on the acceptance of the applicant;
 - D. Notification of acceptance or declination by the Membership Committee Chair to the applicant and the CDS membership within 90 days of submission of the General Membership Application.

I certify that I have met the requirements for General Membership as set forth in this Application.

Signature of Applicant

Date

Please complete, sign, and date this General 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@addlemanepas.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 General Membership Application along with all required attachments and a check in the amount of \$475.00 made payable to Collaborative Divorce Solutions.

Signature of Membership Committee Chair

Date