

MEMBERSHIP APPLICATION FOR COLLABORATIVE DISPUTE RESOLUTION  
PROFESSIONALS, INC.  
(CDR Professionals)

Your Name: \_\_\_\_\_  
(Please print)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
(Please print)

E-mail Address: \_\_\_\_\_  
(Please print)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Profession: \_\_\_\_\_  
(Please print)

I am licensed in my profession and want to take collaborative cases, in the following states:

State(s) \_\_\_\_\_

Please list me for the following kinds of collaborative law cases:

\_\_\_ Family Law \_\_\_ Business Cases \_\_\_ Civil Cases \_\_\_ Probate \_\_\_ Other: \_\_\_\_\_

Date of any collaborative training (Required): \_\_\_\_\_

Name(s) of collaborative trainer(s): \_\_\_\_\_

\_\_\_\_\_

Date(s) of mediation training (required within 6 months\*) \_\_\_\_\_

Type(s) of mediation training (e.g. family, business, etc): \_\_\_\_\_

\_\_\_\_\_

I hereby apply for inclusion in the CDR Professionals' List of Professionals who practice collaboratively as a \_\_\_ Member (\$175.00 for one year) OR \_\_\_ Member (\$300.00 for two years).

Please check which committee(s) you would like to work on:

\_\_\_ Education \_\_\_ Public Information \_\_\_ Membership/meetings

\_\_\_ Mentoring \_\_\_ Civil \_\_\_ Community Service

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\*At least forty hours training in client centered, facilitative conflict resolution, of the kind typically taught in mediation training (interest-based, narrative or transformative mediation programs).

I agree that I will

- Comply with all rules and procedures of CDR Professionals as developed from time to time.
- Complete the required training conducted or sponsored by the CDR Professionals or other approved entity within 6 months of the date that I am notified that my application to CDR Professionals has been accepted;
- Participate in continuing education in the area of collaborative law or other appropriate areas and support the principles of the collaborative process as determined by the board of directors of CDR Professionals;
- Agree to the publication of my name on the list of Professionals maintained by CDR Professionals;
- Furnish non-confidential information about my collaborative cases for the CDR Professionals' statistic and evaluation purposes.

I do swear and affirm that the contents of the foregoing are true and correct to the best of my knowledge.

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Signature of Applicant

Date: \_\_\_\_\_

Please return the completed and signed application with your check in the amount of \$175.00 for one year dues or \$300.00 for two years dues payable to: Collaborative Dispute Resolution Professionals, Inc. to:

Margie Hofberg, Membership Chairperson  
c/o Residential Mortgage Center, Inc.  
2400 Research Blvd. #395  
Rockville, MD 20850

Phone: (301) 208-9090 x112  
Fax: (301) 990-6692  
Cell: (301) 437-5820  
Email: Margie@rmcenter.com