



MEMBERSHIP APPLICATION

This contact information will be included on our Membership List and distributed to potential clients by other members. Applicants become Members and are listed on the CDRP website (www.collablawmaryland.org) when basic requirements are met as noted below.

Name: \_\_\_\_\_
Company/Organization: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Telephone: \_\_\_\_\_ Cell/Alternate: \_\_\_\_\_
E-mail Address: \_\_\_\_\_

Profession:
[ ] Attorney [ ] MD [ ] DC [ ] VA [ ] Other Specify: \_\_\_\_\_
[ ] Financial [ ] CPA [ ] CFP [ ] CFA
[ ] Mental Health [ ] L.C.S.W. [ ] Ph.D. [ ] LCPC [ ] MD [ ] Other Specify: \_\_\_\_\_
[ ] Associated Professional (e.g. mortgage lender, appraiser, Realtor) Specify: \_\_\_\_\_

Please certify that the following statements are true:

- I am licensed and entitled to practice \_\_\_\_\_ in the states I have indicated above (profession)
I have NOT been the subject of discipline imposed by any authority regulating the professional conduct of \_\_\_\_\_ (profession)
I have NOT been charged with or convicted of any crime, excluding petty misdemeanors

I swear and affirm that the above representations are true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you cannot attest that all three statements are true, please so indicate and contact the membership chair. You still may qualify for membership, based on the facts of your situation.

I am interested in the following kinds of collaborative law cases: [ ] Family Law [ ] Civil Cases

Date(s), title, and sponsoring organization of sixteen (16) hour collaborative team training program (required prior to joining): \_\_\_\_\_

Table with 3 columns: Date, Title, Sponsoring Organization

I hereby apply for membership in Collaborative Dispute Resolution Professionals. As a condition of membership, I certify that I will:

1. Comply with all rules and procedures of CDRP as the organization evolves;
2. Attend a minimum of two CDRP general educational meetings per year, as well as an additional Collaborative event;
3. Join the International Academy of Collaborative Professionals (IACP) within three (3) months of submitting this application, and maintain my membership in the IACP as long as I am a member of CDRP;
4. Pay annual CDRP membership dues;
5. Within one (1) year of joining I will complete at least thirty (30) hours mediation training in client-centered, facilitative conflict resolution, of the kind typically taught in an interest-based, narrative, or transformative mediation training program;
6. Complete at least eight hours every two years of further training in Collaborative Practice or areas that support the principles of Collaborative Practice such as communication skills, advanced collaborative training beyond the minimum 16 hours of basic training, advanced mediation training, advanced professional coach training, etc. Four of the eight hours can be completed by doing pro bono collaborative cases through the Collaborative Project of Maryland.

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Signature of Applicant

Date

**Completion of Requirement 5**

If you have already satisfied Requirement #5 above (thirty (30) hours of mediation training), please set forth below the date of the training, title, and sponsoring entity:

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Dates	Title	Sponsoring Entity
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I swear and affirm that the above representations are true and accurate.

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Signature of Applicant

Date

Return the completed and signed application and your annual dues check in the amount of \$195.00 payable to CDRP to:

**Name of Committee Chair**

Margie Hofberg, Residential Mortgage Center, 51 Monroe St., Suite 1901, Rockville, MD 20850;  
[Margie@rmcenter.com](mailto:Margie@rmcenter.com); 240-428-1650

**The mission of the Collaborative Project is to enable couples of modest means to seek a collaborative divorce. Please consider giving a tax deductible contribution to the Collaborative Project of Maryland for their operating expenses.**

**Amount Enclosed:**  \$25  \$50  Other \$ \_\_\_\_\_