



**MEMBERSHIP RENEWAL APPLICATION**

Welcome back! We look forward to another productive, educational, supportive and collaborative year together! If any of the information listed below has changed, please write the word “NEW” next to that entry.

Name: \_\_\_\_\_  
 Company/Organization: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell/Alternate: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Most recent year you were a member \_\_\_\_\_

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

I hereby re- 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. 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. I understand that 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 and/or 6**

I previously complied with Requirement #5 above (thirty (30) hours of mediation training), and reported that to CDRP  OR

I have now complied with the Requirement # above. The date of the training, title, and sponsoring entity are as follows:

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Dates	Title	Sponsoring Entity
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With respect to Requirement #6 above, please set forth below the dates and titles of training(s) you took to complete this requirement in the last twelve months, or specify qualifying pro bono work performed in the last twelve months:

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Dates	Title	# Hours	Sponsoring Entity
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Dates	Title	#Hours	Sponsoring Entity
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Collaborative Pro Bono Case placed through

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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 \$ \_\_\_\_\_