



**MEMBERSHIP APPLICATION**

This 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  
 Psy.D.  MFT  APRN  Ed.D. 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 state 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

\_\_\_\_\_  
Signature

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

Please list me for the following kinds of collaborative law cases:  Family Law  Civil Cases

Date(s) and title of 3-day collaborative team training program (required prior to joining): \_\_\_\_\_

Date(s) of mediation training (must be completed within one year of joining CDRP<sup>1</sup>): \_\_\_\_\_

Type of 30 hour mediation (e.g. family, business, etc.): \_\_\_\_\_

<sup>1</sup>At least 30 hours training in client-centered, facilitative conflict resolution, of the kind typically taught in mediation training (interest-based, narrative, or transformative mediation program)

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

- Comply with all rules and procedures of CDRP as the organization evolves;
- Attend a minimum of two CDRP general educational meetings per year, as well as an additional Collaborative event;
- Join the International Academy of Collaborative Professionals (IACP) within 12 months of submitting this application, and maintain my membership as long as I am a member of CDRP;
- Pay annual CDRP membership dues

**AND**

Within two years of joining I will:

- Complete a total of ten (10) hours of advanced training conducted or sponsored by entities such as, but not limited to: Collaborative Dispute Resolution Professionals (CDRP), International Academy of Collaborative Professionals (IACP) and Collaborative Practice Training Institute (CPTI);

**OR**

- Complete a total of five (5) hours of advanced training conducted or sponsored by one or more of the entities described above, plus five (5) hours of Pro Bono work done through Collaborative Project of Maryland or a similar entity.

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

Next Steps:

1. Return the completed and signed application, together with a copy of your resume to [info.cdrp@gmail.com](mailto:info.cdrp@gmail.com)
  - If you would like to be listed on our CDRP website, please send a bio, contact information and photo.
  - Examples here: <https://collablawmaryland.org/find-a-collaborative-professional/>
2. Submit a payment of annual dues in the amount of \$195 via Paypal to [info@collablawmaryland.org](mailto:info@collablawmaryland.org)

A check, payable to CDRP, may be mailed to  
CDRP Treasurer  
51 Monroe Street, 1901  
Rockville, MD 20850

3. Questions may be sent to:

**Membership Committee Chair**  
Beth Tello, (301) 825-9010, e-mail: [bt@tellolaw.com](mailto:bt@tellolaw.com)

**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 \$ \_\_\_\_\_