



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
☐ Psy.D. ☐ MFT ☐ APRN ☐ Ed.D ☐ 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 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 CDRP¹**): _____

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

¹At 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). Outside of extenuating circumstances, failure to do so within one year of joining CDRP may lead to revocation of membership.

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 three CDRP educational programs (Monthly Educational Meetings or Brown Bags)
 - Outside of extenuating circumstances, failure to do so in one CDRP calendar year will require a member to make up the number of missed educational programs, in addition to the three required, the following CDRP calendar year. Failure to do so could lead to revocation of membership.
- Pay annual CDRP membership dues

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

Signature of Applicant

Date

Please return the completed and signed application, together with a copy of your resume to the CDRP Administrator. You will receive a link for payment of \$195 for dues upon approval of application.

Morna Moher
info.cdrp@gmail.com
CDRP Administrator

For any other membership questions or concerns, you can reach out to the membership chairs:

Cherise Williams, Attorney
cherise@clwilliamslaw.com

Brittany LaFleur, MS, LCPC, RPT
brittany@yourbestselftherapy.com
CDRP Membership Co-Chairs

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 \$_____