

**INSTRUCTIONS FOR COMPLETING
COLLABORATIVE LAW PROFESSIONALS OF
SOUTHEASTERN PENNSYLVANIA
ASSOCIATE MEMBERSHIP APPLICATION**

1. Fill in and sign the Associate Membership Application (NOTE: For each applicable item, initial the item).
2. If you are an Attorney, please provide evidence of your current Bar membership.
3. If you are a Mental Health Professional, Financial Professional or Other Professional, please provide a copy of your current licensure certificate.
4. Provide a copy of the face sheet of your liability insurance policy showing coverage limits and effective policy dates.
5. If there are any pending disciplinary, ethical or regulatory investigations concerning yourself, please indicate such, and identify both each specific investigation as well as the entity conducting the investigation.
6. Provide a copy of the certification for your having completed twelve (12) or more hours of Interdisciplinary Collaborative Training.
7. Please e-mail all of the above items to:

bschnall@gpfflaw.com

**COLLABORATIVE LAW PROFESSIONALS OF
SOUTHEASTERN PENNSYLVANIA
MEMBERSHIP APPLICATION**

I, _____, hereby apply to become an Associate member of the Collaborative Law Professionals of Southeastern Pennsylvania (CLP) for calendar year _____. I understand that my membership is subject to the terms and conditions set forth in this Application and such other terms and conditions as may hereafter be adopted by CLP.

1. I certify that I have met, or will meet as indicated, the following mandatory criteria for membership in CLP:

A. Associate Member

_____ I am a professional with a license or designation in good standing with a Pennsylvania or nationally accredited organization that requires continuing education, and that is regulated by a governing body under a code of ethics (please indicate):

_____.

_____ I will maintain such license or designation and employer sponsored or individual professional liability insurance.

Please provide a copy of your current licensure certificate.

_____ There are no pending disciplinary, ethical or regulatory investigations concerning me, OR please indicate if there are any disciplinary, ethical or regulatory investigations concerning yourself.*

B. Training

i. _____ I completed twelve (12) hours of Interdisciplinary Collaborative Training. The basic training or trainings were conducted by a trainer or trainers who meet the “Minimum Standards for Collaborative Trainers” recommended by the International Academy of Collaborative Professionals (IACP). Such standards for basic training and for such trainers can be viewed at the IACP website which is www.collaborativepractice.com.

Please provide a copy of your training certificate.

ii. _____ In addition to Subpart i. above, I will complete an aggregate of four (4) hours of additional training each year, including the year in which the Application is signed, in any of the following areas:

- (1) Interest-based negotiation training;
- (2) Communication skills training;
- (3) Collaborative training;
- (4) Advanced mediation training;
- (5) Basic professional coach training.

I understand that I am exempt from this Subpart ii. for any year in which I concurrently complete my twelve hour (12) Interdisciplinary Collaborative Training.

- 2. Professional Membership:** I will maintain membership in good standing with the IACP while I am a member of CLP.

Please initial the appropriate membership category and statement:

I am a:

_____ New Associate Member
_____ First Full Year Renewing Associate Member
_____ Renewing Associate Member

- 3.** I have malpractice/liability insurance coverage and agree that I will continuously maintain such minimum coverage throughout the course of my membership in CLP.

Please provide a copy of the face sheet of your liability insurance policy showing coverage limits and effective policy dates.

- 4.** I acknowledge that CLP has adopted the following additional conditions to maintain membership in good standing in CLP and I agree that I will comply with each of these conditions:

A. All of my collaborative cases with other members of CLP will be conducted in accordance with all the rules and protocols of CLP as may be adopted from time to time including, without limitation, use of CLP’s “Collaborative Law Participation Agreement” and other forms developed and adopted by CLP for use in collaborative cases.

B. Payment of annual dues.

- 5.** I acknowledge that my membership in CLP must be renewed each calendar year no later than January 31st by paying annual dues and signing a renewal Membership Application and that my current membership ends on December 31 of each year.

- 6.** I agree that I will hold myself out as a member of CLP only while my membership is in good standing.

- 7.** I understand that I may terminate my membership in CLP by notification of such in writing to the Chair of the Membership Committee and that upon such termination my name will be removed from the CLP member list, brochure, website and any other IACP or CLP marketing or education materials.

- 8.** I acknowledge that my membership in CLP will be terminated or suspended by CLP, upon recommendation of the Membership Committee, if I fail to meet the criteria or conditions for membership as set forth in this Application or as hereafter adopted by CLP. If my membership is terminated or suspended by CLP, my name will be removed from the CLP member list, brochure, website and any other IACP or CLP marketing or education materials.

- 9.** I agree to notify the Chair of the Membership Committee of CLP within seven (7) days of any change in my office address, telephone numbers, email address or website address.

- 10.** I agree that any dispute related to my membership shall be submitted to the Membership Committee for resolution in accordance with guidelines and procedures adopted by CLP.

By signing this Membership Application, I certify that the statements made herein are true and correct and I understand that I am legally bound by them.

Date

Signature of Member

***In performing our due diligence, the membership committee may check the disciplinary records of your professional licensing board.**