



COLLABORATIVE
PRACTICE

COLLABORATIVE FAMILY LAW COUNCIL OF WISCONSIN, INC.
APPLICATION FOR MEMBERSHIP - ASSOCIATE MEMBER

APPLICANT INFORMATION

Name: _____

Profession: _____

Professional Designation: _____

Firm/Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Check all that apply: _____ Judge, _____ Court Commissioner
_____ Academic Faculty, _____ Clergy, _____ pro bono Provider, _____ Student
_____ Other / Please note: _____

Associate Membership in the Collaborative Family Law Council of Wisconsin provides access to selected networking events and information periodically distributed by the Council. Membership is for those with interest in the Collaborative Process but not involved directly in services to clients.

SUBMIT APPLICATION

Mail completed application to:

Collaborative Family Law Council of Wisconsin
1288 Summit Avenue - Suite 107 Box #106
Oconomowoc, Wisconsin 53066

APPLICANT SIGNATURE

Signed: _____ Date: _____