



COLLABORATIVE  
PRACTICE

Resolving Disputes Respectfully

COLLABORATIVE FAMILY LAW COUNCIL OF WISCONSIN, INC.  
APPLICATION FOR MEMBERSHIP – AFFILIATE MEMBER

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Professional Designation: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**By initialing below, I certify that:**

\_\_\_\_\_ I am currently covered by professional liability insurance

\_\_\_\_\_ I have attended the following Collaborative Process Orientation \_\_\_\_\_(Date)

\_\_\_\_\_ I will attend the Orientation on June 11, 2020. Center for Graduate Studies, Carroll University  
Time: 8:00am-1:00pm Registration fee \$100.00 - includes manual and lunch.

**MEMBERSHIP CRITERIA**

For membership in the Collaborative Family Law Council of Wisconsin you must:

- Maintain any required professional license to practice in Wisconsin and be in good standing within your profession
- Adhere to the principles and guidelines of collaborative family law as prescribed by the Collaborative Family Law Council of Wisconsin
- Maintain appropriate professional liability insurance coverage
- Submit the names of at least two Practitioner Members who will support my application for Affiliate Membership. (See next page)

**MEMBERSHIP DUES**

**The membership year is January 1 to December 31.** Annual dues are not prorated and currently as follows:

Individual \$240

Corporate \$500 (3 individuals from same business)

**PRACTITIONER SPONSORS:**

The following Practitioner Members have agreed to recommend me for Affiliate Membership:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that my Sponsors will be contacted by the Membership Committee of CFLCW and my payment will not be processed until the sponsorship is confirmed and my Membership accepted.

**NOTE YOUR INTEREST**

Check here if you would like information about Collaborative Family Law Council of Wisconsin volunteer opportunities. Your involvement strengthens the organization and collaborative practice.

**SUBMIT APPLICATION AND PAYMENT**

Payment methods

Check enclosed payable to CFLCW Amount: \_\_\_\_\_

Credit card, subject to transaction fee (Master Card, Visa, Discover, AMEX)

Cardholder name \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Billing address including zip code, if different than on previous page.  
\_\_\_\_\_

Mail completed application with form of payment to:

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

**APPLICANT SIGNATURE**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Rev 07/19)