



COLLABORATIVE
PRACTICE

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

APPLICANT INFORMATION

Name: _____

Profession: _____ If Mental Health circle one or both: Divorce Coach/Child Specialist

Professional Designation (i.e., JD, CPA, PsyD): _____

Firm/Organization: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Counties of Practice (list up to five): _____

Education: _____

Other Practice Areas: _____

- **Additional information for your website profile – forward to: susan@cflcw.org**

Profile will be active upon completion of your Collaborative Training.

1. Mission Statement (*Max 80 Characters*)
2. BIO
3. High resolution JPG headshot for website (optional)

By initialing below, I certify that:

_____ I am currently covered by professional liability insurance

_____ I have attended the following *Building Blocks of Collaborative Practice* or an equivalent approved collaborative family law training – *documentation of program attendance is attached if **not** with CFLCW*

_____ I will attend the CFLCW *Building Blocks of Collaborative Practice* on June 11 and 12, 2020
Center for Graduate Studies, Carroll University, Waukesha, WI

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 (attorneys must be in good standing with the State Bar of Wisconsin)
- Adhere to the principles and guidelines of collaborative family law as prescribed by the Collaborative Family Law Council of Wisconsin including compliance with the requirement for Continuing Collaborative Credits (CCC).
- Maintain professional liability insurance coverage
- **Pay the initiation fee:**
Attorney \$400; Financial Specialist \$300; Mental Health Professional \$250

MEMBERSHIP DUES

The membership year is January 1 to December 31. Beginning in year two of your membership you will be assessed dues which are currently as follows:

Attorney \$240; Financial Specialist \$200; Mental Health Professional \$160

WEBSITE PROFILE

Upon payment of the initiation fee and completion of an approved collaborative family law training, you will be listed on the Collaborative Family Law Council of Wisconsin website in the member search area which is accessible to the public. Much of the applicant information you have provided will be included in your website profile. Check here to **opt-out** of the website listing.

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 method (check one):

Check enclosed payable to CFLCW in the amount of \$_____

Credit card to be billed in the amount of \$_____ (Master Card, VISA or Discover) subject to processing fee; Or pay online: <https://www.cflcw.org/registrations-events/>

Cardholder name _____

Card number _____

Expiration date _____ 3-digit security code _____

Billing address including zip code, if different than on reverse

Mail completed application with form of payment to:

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

APPLICANT SIGNATURE

Signed: _____ Date: _____