



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: August 18, 2022. 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

MEMBERSHIP DUES

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

Individual \$250

Corporate \$600 (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

Check enclosed – Payable to: CFLCW in the amount of \$250.00

Pay by credit card, visit: www.cflcw.org/registrations-events/

Forward completed application:

Via email Susan@cflcw.org

Or mail to: Collaborative Family Law Council of Wisconsin
1288 Summit Avenue – Suite 107 Box #106 Oconomowoc, Wisconsin 53066

APPLICANT SIGNATURE

Signed: _____ Date: _____