



**COLLABORATIVE FAMILY LAW PROFESSIONALS OF SOUTH FLORIDA, INC. ("CFLPSF")
MEMBERSHIP APPLICATION**

MEMBERSHIP TYPES: Indicate for which type of membership you are applying:

- Member:** Any family law attorney, mental health professional or financial professional who meets the membership requirements indicated below.
- Affiliate:** Attorneys, who practice in other areas than family law, and professionals licensed in related disciplines such as appraisers, realtors, business valuers, actuaries, mediators and QDRO specialists.
- Student:** A student enrolled in an accredited Florida graduate program as a mental health, financial professional or family law attorney and enrolled in a relevant field of study if that field of study does not have a graduate program.

MEMBERSHIP REQUIREMENTS:

Sponsorship: You must be sponsored by a current member of CFLPSF. Indicate your sponsor's name:

Training: Indicate which training requirement you have, or are planning to meet:

- Members must provide written proof of completion of a collaborative interdisciplinary training course consisting of two (2) days either at the time of application or within six (6) months of approval of their application.
- Affiliates must provide written proof of completion of a basic collaborative interdisciplinary training program consisting of a minimum of three (3) hours or proof of attendance at a training provided by the International Association of Collaborative Professionals ("IACP") or the Florida Academy of Collaborative Professionals ("FACP") either at the time of application or within six (6) months of approval of their application.
- Students must have completed the following at the time of application: (1) a course in collaborative divorce as part of the graduate program in which the student is enrolled with specific courses related to or designated as Collaborative divorce and (2) attended a basic collaborative interdisciplinary training program consisting of three (3) hours, or (3) proof of attendance of a training provided by the IACP or the FACP.

Written proof of training is attached: ___Yes ___No

Fees: You must pay at the time of application a nonrefundable application fee and annual dues as follows:

Member	Affiliate	Discounted Member	Student	Item
\$250.00	\$200.00	\$100.00	N/A	Practice Group Dues
35.00	35.00	35.00	N/A	Assessment by FACP
100.00	100.00	100.00	N/A	Nonrefundable Application Fee
\$385.00	\$235.00	\$235.00	N/A	Total Payment

If you are receiving a discount from your dues, please indicate the name of the Practice Group that is



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paying full dues on your behalf and provide proof of membership: (***Renewals will not be processed without proof.***)

Practice Group Name: _____

Continuing Membership Requirements: Continuing membership is conditioned upon meeting all the requirements of membership as determined by the Board of Directors including ongoing continuing education, timely payment of dues and submission of a renewal application (only if there is a change in information).

PROFILE: For our website directory and email list:

First Name: _____ Middle Name: _____ Last Name: _____

Professional Designation(s): _____ License No. _____

Company/Firm: _____

Address: _____ Suite No: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____ Mobile Phone: _____

Email: _____ Website: _____

Are your licenses/certifications in good standing? ___ Yes ___ No

If no, please explain: _____

If you are a student, in what university graduate program are you enrolled? _____

What is your estimated date of eligibility for licensure or certification? _____

Signature of Applicant: _____ Date: _____

If you have a photo you want to submit for the website directory, please email it to the Administrator at the email listed below. Photos must be high resolution, in color and in JPEG file format. If we do not receive a photo within two (2) weeks of the acceptance of your application, we will attempt to obtain one from your website or social media. We are trying to maintain an attractive directory and avatars are unsightly.

You may pay for fees either through the PayPal link provided or a check made payable to Collaborative Family Law Professionals of South Florida. If you are paying via PayPal, you may email a scanned copy of your application and any necessary requirements to: administrator@collaborativefamilylawfl.com.



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If you are paying by check please mail your check and completed application to:

Collaborative Family Law Professionals of South Florida, Inc.
c/o Christina W. Black, Administrator
10023 Belle Rive Blvd., #703
Jacksonville, FL 32256

Incomplete or eligible applications will be returned to the applicant for completion or correction.

If you have any questions, please call 904-673-2150

***Completion of this application and payment of the application fees does not guarantee membership.
Your application must be reviewed and approved by the organization.***