

**COLLABORATIVE DIVORCE ASSOCIATION
OF THE CAPITAL DISTRICT**

**2017 CALENDAR YEAR
AFFILIATE MEMBERSHIP APPLICATION**

(For vocational specialists, real estate agents, accountants, economists, business evaluators or other recognized professions that assist in the Collaborative Process)

NAME: _____
FIRM: _____
ADDRESS: _____
EMAIL: _____ PHONE: _____ FAX: _____
WEBSITE: _____
PROFESSION: _____
SPECIALTY: _____

Annual Membership Fee: \$100

Please sign below and return this page with a check payable to: Collaborative Divorce Association of the Capital District (CDACD) prior to JANUARY 31, 2017.

Mail completed application and payment to: CDACD, P.O. Box 38165, Albany, New York 12203

I acknowledge that I meet the requirements of affiliate membership in the Collaborative Divorce Association of the Capital District and I pledge to adhere to these requirements.

GENERAL REQUIREMENTS FOR MEMBERSHIP: Successful completion of the 2 hour Introductory Local Collaborative Practice training program.

Signature _____

BENEFITS OF MEMBERSHIP:

Opportunity to participate as an affiliate collaborative practitioner

Listing on the CDACD website as an affiliate member

Membership meetings with networking opportunities

Continuing educational trainings

Marketing visibility in the newsletter and website

Regular email notice of upcoming events

Advanced training opportunities offered by CDACD

Affiliation with an alliance of professionals committed to advancing the use of collaborative, non-adversarial strategies to help clients achieve agreements in a dignified, thoughtful and respectful manner