

# Collaborative Divorce Association of the Capital District

## Paralegal Membership Application

\*\*Please print clearly and complete all fields below. This information is used to compile the CDACD membership directory\*\*

### **Background:**

NAME: \_\_\_\_\_  
FIRM: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
WEBSITE: \_\_\_\_\_

---

### **Membership Requirements:**

Successful completion of the 2-hour Introductory Local Collaborative Practice training program.

\_\_\_\_\_(initial) I acknowledge that I meet the requirements of affiliate membership in the Collaborative Divorce Association of the Capital District or will attend a training within 2 months of joining. I pledge to adhere to these requirements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

Please submit the following by **January 31<sup>st</sup>** to complete your application:

1. Completed membership application
2. Annual dues of \$100 (made out to "CDACD")

Mailing address:  
CDACD  
P.O. Box 38165  
Albany, New York 12203