COLLABORATIVE DIVORCE ASSOCIATION OF THE CAPITAL DISTRICT

2017 CALENDAR YEAR PARALEGAL MEMBERSHIP APPLICATION

NAME:_____
FIRM:_____
ADDRESS:_____
EMAIL:_____PHONE:_____FAX:_____
WEBSITE:_____

Annual Membership Fee: $100

Please sign below and return <u>this page with a check</u> 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 paralegal membership in the Collaborative Divorce Association of the Capital District (i.e., associated with a CDACD attorney) 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_____