

**COLLABORATIVE DIVORCE ASSOCIATION
OF NORTH JERSEY**

Membership Application: Initial Application and Renewal Application

First Time Application Fee: \$150.00 (non-refundable)

Annual Dues: \$350.00

Associate Member Dues: \$175.00

Mail completed applications to:
Collaborative Divorce Association Of North Jersey
c/o Cathy J. Pollak, Esq.
Price, Meese, Shulman & D'Arminio, P.C.
50 Tice Boulevard, Suite 380
Woodcliff Lake, NJ 07677

PART 1

Note: You may attach your business card and just complete the balance of information requested for this form.

Name	_____	Profession	_____
Title	_____	E-mail Address	_____
Firm/Org Name	_____		
Business Address	_____ _____	Home Address	_____ _____
Work Phone	_____	Home Phone	_____
Work Fax	_____	Home Fax	_____

We respect your privacy and will not provide your home address or phone number to the public without your specific authorization. Please indicate your preference for the following:

Address for CDANJ Directory:	<input type="checkbox"/> Business	<u>or</u>	<input type="checkbox"/> Home
Address for Mail from CDANJ:	<input type="checkbox"/> Business	<u>or</u>	<input type="checkbox"/> Home
Locations for Faxes from CDANJ:	<input type="checkbox"/> Business	<u>or</u>	<input type="checkbox"/> Home

Language Skills: In an effort to better serve the public, we are asking all members to note their bilingual skills. If you have a needed skill, you may be invited to provide translation services to other members.

_____	Language	_____	Speaking Ability	_____	Reading/Writing Ability
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Area of Expertise:

CDANJ Committees: Please indicate the committee(s) that may be of interest to you so that the respective committee chair(s) can provide you with more information.

- Meetings/Education
- Membership
- Web Site
- Publicity/Marketing

Please note that:

1. Memberships will not be granted or continued to anyone who is under sanctions or exclusion by any duly authorized enforcement agency, licensing and/ or disciplinary authority.

2. Providing incorrect information, withholding information or presenting materially false information is grounds for not approving membership or revoking membership.

PART II

3. Photocopies of the following documentation (and a narrative statement for items for which there is no documentation) **MUST** be submitted with your application.

<u>Education/Training</u>	Institution/Location	Degree	Year
Undergraduate			
Post-Graduate/Other			
Mediation Training			
Divorce & Family			
Collaborative Practice			
Other:			

4. **What professional licenses do you hold or have you held?**

Description	Issued by (state)	Date first issued	Current Status

5. Please list any mediation credentials (certifications, accreditations, etc.) that you hold and provide course format for mediation and collaborative law training.

6. In New Jersey or any other jurisdiction:

- 1. Has your license to practice any profession ever been suspended or revoked? NO YES*
- 2. Have you ever been convicted of or pleaded guilty to a crime or misdemeanor? NO YES*
- 3. Are you aware of any pending disciplinary action against you? NO YES*
- 4. Are you requesting waiver(s) of any of the requirements for acceptance? NO YES*

*If yes, please provide explanations on a separate sheet of paper. If yes for Question 6, please identify the requirement(s) which you request to be waived, and the reasons why the Board should grant such a waiver. Note that a “yes” to any of the above questions will **not** automatically disqualify you from earning accreditation.

Membership in IACP is required. Current cost is \$100.00 to be paid to IACP by each member.

_____ I hereby apply for membership in the Collaborative Divorce Association Of North Jersey (CDANJ). I hereby represent that I am a New Jersey licensed attorney or other professional in good standing; that I am familiar with and support the goals, purposes and philosophy of the CDANJ and when accepted to membership, I agree to abide by the By-Laws, as well as rules, protocols of practice, and regulations promulgated by its Executive Board.

_____ I hereby renew my application in the Collaborative Divorce Association Of North Jersey (CDANJ). I hereby represent that I am a New Jersey licensed attorney or other professional in good standing; that I am familiar with and support the goals, purposes and philosophy of the CDANJ and when accepted to membership, I agree to abide by the By-Laws, as well as rules, protocols of practice, and regulations promulgated by its Executive Board.

I understand that the requirements of membership include: payment of dues; completion of 40 hours of mediation training; 16 hours of collaborative law training ; participation in continuing education in the field of collaborative law for a minimum of 6 hours per year; attendance at 5 officially sanctioned Collaborative Divorce Association Of North Jersey meetings each calendar year; and three years of matrimonial experience for attorneys who seek full membership status.. I will strive to encourage collaborative law in my family practice. I understand that failure to comply with these requirements may result in the suspension or revocation of my membership.

I affirm that all of the information submitted is true and accurate and shall be relied upon by CDANJ in reviewing my application for membership. Any change of status during the application process or subsequent to acceptance as a member shall be brought to the attention of CDANJ immediately.

_____ I have enclosed my check for \$500.00 (\$150 non-refundable application fee and \$350.00 annual Full Membership dues; \$175.00 Associate Member dues) with all required documentation payable to Collaborative Divorce Association Of North Jersey.

_____ I agree with and will uphold all of the Collaborative Principles as outlined below:

A. I recognize the Participation Agreement is the defining characteristic of the Collaborative Process and I am committed to the signing of this Participation Agreement in my collaborative cases.

B. I have taken a Collaborative Training basic course and 40 hours of mediation training.. I will commit to advancing my practice and educational experience by taking annual advanced training.

C. I have joined or will join the IACP within 30 days of the date of my CDANJ membership. I recognize that the CDANJ is a whole practice group membership within the IACP.

D. I will do my best to not engage in positional bargaining techniques and will negotiate within a framework of an interest based protocol, allowing the clients, rather than the professionals, to determine the outcome.

E. I will direct the Collaborative Process and facilitate the clients within the Collaborative Process in a constructive, diligent, and forthright manner.

F. I will not only help my client but I will be mindful of all family members' needs and concerns.

G. I will always be resolute to assisting clients to resolve their conflict.

I understand my membership and participation as a member in the CDANJ is conditional upon my adhering to this pledge of commitment and the collaborative principles and my signature demonstrates this commitment.

Date: _____

Signature: _____