**South Jersey Collaborative Divorce Professionals**

**NEW Member Application Form**

**Initial Application Fee: $300.00 (NON-REFUNDABLE)**

**Annual Dues: $300.00 (Jan 1st admission), $200.00 (July 1st admission)**

**(Annual dues include $100 for IACP Membership)**

**Mail completed application, including proof of collaborative training and fees/dues to:**

**Stacey Udell, CPA/ABV/CFF, ASA, CVA; Gold Gerstein Group**

**505 Pleasant Valley Ave., Moorestown, NJ 08057**

**APPLICATION MUST BE RECEIVED BY**

**December 1st for January 1st admission, June 1st for July 1st admission**

# PART I

Name

Profession

Title

E-mail

)

required

(

Firm/Org Name

Website

Business Address:

Other Mailing Address (optional):

Work Phone

Other Phone (optional)

Work Fax

Other Fax (optional)

**Please indicate your preference for the following:**

Address for SJCDP Directory:Business orOther

Address for Mail from SJCDP:Business orOther

Locations for Faxes from SJCDP:Business orOther

**Language Skills:** In an effort to better serve the public, we are asking all members to note their bilingual skills.

 Language Speaking Ability Reading/Writing Ability

**Area of Expertise:**

**Applying for the following discipline:**

\_\_\_\_ Attorney \_\_\_ Financial Neutral \_\_\_\_\_ MHP Neutral \_\_\_\_\_ Advisor

**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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  **Education/Training** |  **Institution/Location** |  **Degree** |  **Year** |
| Undergraduate |  |  |  |
| Post-Graduate/Other |  |  |  |
| Mediation Training |  |  |  |
| Divorce & Family |  |  |  |
| Collaborative Practice |  |  |  |
| Other: |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  **Description** | **Issued by** (state) | **Date first issued** | **Current status** |
|  |  |  |  |
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**Please list any mediation credentials (certifications, accreditations, etc.) that you hold and provide course format for mediation and collaborative training.**

**In New Jersey or any other jurisdiction:**

1. Has your license to practice any profession ever been suspended or revoked? NOYES\*
2. Have you ever been disciplined by a licensing board or professional organization? NOYES\*
3. Have you ever been convicted of or pleaded guilty to a crime or misdemeanor? NOYES\*
4. Are you aware of any pending disciplinary action against you? NOYES\*
5. Are you requesting waiver(s) of any of the requirements for acceptance? NOYES\*

\* If yes, please provide explanations on a separate sheet of paper. If yes for Question 5, 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 membership.

**NOTE: ALL MEMBERSHIP APPLICATIONS ARE SUBJECT TO APPROVAL BY THE EXECUTIVE BOARD IN ITS SOLE DISCRETION.**

**ACKNOWLEDGMENT FOR ALL APPLICANTS (initial)**

I hereby apply for membership to the South Jersey Collaborative Divorce Professionals (SJCDP). I hereby repr that I am a New Jersey licensed attorney or other eligible professional in good standing; that I am familiar with and support the goals, purposes and philosophy of the SJCDP and, if accepted to membership, I agree to abide by the By-Laws, as well as any rules, protocols of practice, and regulations promulgated by its Executive Board.

**ACKNOWLEDGMENT FOR ATTORNEY, FINANCIAL NEUTRAL & MHP NEUTRAL (initial)**

\_\_\_ I understand that the requirements of membership as an Attorney, Financial Neutral and Mental Health Professional Neutral include: Completion of Basic Collaborative Law Training 16 hours prior to applying for membership; completion of 8 hours of mediation training and 2 additional hours of collaborative law training within 2 years of being admitted to membership; participation in continuing education in the fields of family law, mediation or collaborative law for a minimum of 4 hours per year; attendance at four (4) of the scheduled meetings each calendar year; participation in one public speaking event for the Group each year; and submission of my annual renewal Certification along with my annual dues and proof of liability insurance each year. I will strive to encourage collaborative law in my practice. I understand that failure to comply with these requirements may result in the suspension of my membership.

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

**ACKNOWLEDGMENT FOR ADVISOR APPLICANTS (initial)**

\_\_\_\_\_ I understand that the requirements of membership as an Advisor include: Completion of Basic Collaborative Law Training 16 hours prior to applying for membership; attendance at four (4) of the scheduled meetings each calendar year; and submission of my annual renewal Certification along with my annual dues and proof of liability insurance each year. I will strive to encourage collaborative law in my practice. I understand that failure to comply with these requirements may result in the suspension of my membership.

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

 I have enclosed a check payable to

**"South Jersey Collaborative Divorce Professionals"** in the amount of $\_\_\_\_\_\_\_\_\_\_, representing the application fee and annual dues.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_