

MEMBERSHIP APPLICATION

Name _____

Firm Name _____

Complete Address (incl. city, state, zip code): _____

Telephone Nos* _____

Fax* _____

Email* _____

(Please check the box by any information you do not want published on the public membership roster or website.)

MEMBERSHIP REQUIREMENTS

YES (Check only if true):

I am licensed or qualified in the State of California** and in good standing with my profession.

Profession _____

License or certificate number _____

Licensing State and Agency _____

(**If your profession is not subject to licensing by the State of California, you can meet this requirement by establishing equivalent qualifications approved by the CPEB Membership Committee on a case-by-case basis.)

1a. FINANCIAL PROFESSIONALS ONLY: I have CDFA and CFP® or CPA certification.

2. I have read and commit to the CPEB Principles and Guidelines for Collaborative Practice.

3. I commit to attending at least 4 CPEB or local "POD" meetings per calendar year, and the annual January business meeting and the annual retreat.

4. I carry professional liability insurance in my field.

5. I commit to participate actively on a CPEB Committee and/or as a CPEB mentor.

6. I am a member of IACP (www.collaborativepractice.com)

(Annual dues of \$145; see page 2).

7. I have 3 years of professional experience in my field.

8. I have completed at least 15 hours of training in Collaborative Practice, including a comprehensive multi-disciplinary training of at least 12 hours.

Date(s) of Training _____

Trainers _____

Number of hours _____

9. I have completed 12 hours of training in Interest Based Mediation or Negotiations.

Date(s) of Training _____

Trainers _____

Number of hours _____

DUES

- TEAM MEMBERS (Those who answer "Yes" to (1) through (9) above):

Annual Dues: \$325*

*In addition, a mandatory retreat fee (typically \$100 or less) is assessed at the time of the retreat.

- By checking this box I confirm that the \$325 annual dues amount represents a hardship for me. Instead, I agree to pay \$275.

Please make check payable to CPEB.

- ASSOCIATE TEAM MEMBERS:

Annual Dues: \$325*

*In addition, a mandatory retreat fee (typically \$100 or less) is assessed at the time of the retreat.

- By checking this box I confirm that the \$325 annual dues amount represents a hardship for me. Instead, I agree to pay \$275.

Please make check payable to CPEB

- IACP Dues:

Annual Dues: \$145

Please make check payable to CPEB

MEMBERSHIP COMMITMENT

As a member of CPEB, I commit that I will participate fully and in good faith in any case or committee facilitation to which I am invited by another CPEB member, to resolve any disputes or address any issues, including, but not limited to, matters regarding adherence to the Principles and Guidelines for Collaborative Practice, challenges encountered in a case or on a committee, or any relationships among or between the professionals on a collaborative team.

I commit that I have fulfilled all of the requirements of membership as a Team Member or Associate Team Member.

I also commit that I have joined or will promptly join the CPEB Google Groups list serve.

Date: _____

Signature: _____

Printed Name: _____

(NOTE: **PROSPECTIVE MEMBERS:** Those interested in learning more about or joining CPEB must attend at least 1 meeting before joining as a Team Member or Associate Team Member and may attend up to 3 meetings before becoming a Member.)

Send the completed form and your check made payable to CPEB to:
Thomas G. Borst, 18 Crow Canyon Court, Suite 300, San Ramon, CA 94583.

bg(membership application 2021 (new member)