

RENEWAL MEMBERSHIP APPLICATION FOR 2024

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.)

Approximately how many Collaborative Practice cases have you had in the last year that were derived through your membership in CPEB? _____

MEMBERSHIP REQUIREMENTS

YES (Check only if true):

- 1. I am licensed or qualified in the State of California** and in good standing with my profession. (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 CDEA and CFP® or CPA certification.
- 2. I have read and commit to the CPEB Principles and Guidelines for Collaborative Practice.
- 3. I attended at least 4 CPEB or local POD meetings during the previous calendar year as well as the annual retreat and annual January business meeting. In the next calendar year, I commit to attending at least 4 CPEB or local POD meetings this year, the annual January business meeting and the annual retreat. I acknowledge that if I do not meet the above attendance requirement, I may be removed from the CPEB website until I bring my attendance back in line with the CPEB attendance policy.
- 4. I carry professional liability insurance in my field.
- 5. Please select (a) or (b), as appropriate:
 - (a) I am an active member of a CPEB Committee or I am serving as a CPEB mentor.
Name of Committee: _____
 - (b) I am not currently on a CPEB Committee but wish to join the following committee(s):

<input type="checkbox"/> Public Education	<input type="checkbox"/> Programs	<input type="checkbox"/> Pro Bono Clinic
<input type="checkbox"/> Website	<input type="checkbox"/> Facilitation	<input type="checkbox"/> Mentor
<input type="checkbox"/> Retreat	<input type="checkbox"/> Social	<input type="checkbox"/> Protocols
<input type="checkbox"/> Membership	<input type="checkbox"/> Divorce Options/Trusts & Estates Options	
- 6. During the past 12 months, I completed 4 hours of continuing education in my field.
- 7. During the past 12 months, I completed 4 hours of collaborative practice training sponsored by a collaborative practice group, including IACP and CP Cal, or approved by the CPEB Membership and Mentoring Committee.
Date(s) of Training _____
Trainers _____
Number of hours _____

8. I have been an associate member of CPEB and have now completed 12 hours of Interest Based Negotiation or Mediation as follows:

Date(s) of Training _____

Trainers _____

Number of hours _____

DUES

- TEAM MEMBERS (Those who answer "Yes" to (1) through (8) above):

Annual Dues: \$325*, if paid by Feb. 15. **(Thereafter, Annual Dues are \$350)**

*In addition, a mandatory retreat fee (\$100 or less) will be 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, if paid by Feb. 15. Please make check payable to CPEB.

- ASSOCIATE TEAM MEMBERS:

Annual Dues: \$325*, if paid by Feb. 15. **(Thereafter, Annual Dues are \$350)** Please make check payable to CPEB. *In addition, a mandatory retreat fee (\$100 or less) will be 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, if paid by Feb. 15. Please make check payable to CPEB.

IACP Dues (Mandatory)

- Annual Dues for IACP are \$145, and must be paid by February 15 with your annual dues. Please make check payable to CPEB.
- I pay any IACP dues through the following collaborative group [indicate to whom and date paid]:

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: _____

Send the completed form and your check made payable to CPEB to:
Donna Gibbs, Blum, Gibbs, Davies & Owen, LLP, 334 19th Street, Oakland, CA 94612