

Northwest Florida Collaborative Law Group

www.collaboratedontlitigate.com

NEW MEMBER APPLICATION

Application Fee: \$25.00(non-refundable) **Annual Dues:** \$350.00 Attorney & Financial Practitioners
(Jan –Dec) \$200.00 Mental Health Professional
\$100.00 Community Support Member

Please send completed application along with non-refundable Application Fee made payable to NW FL Collaborative Law Group to:

Northwest Florida Collaborative Law Group
PO Box 144
Panama City, FL 32402

Any questions: Please email: nwflcollaborativelawgroup@yahoo.com

PART 1-General Information

Name: _____ Profession: _____

Firm Name: _____ Title: _____

Office Address: _____ Home Address: _____

Office Phone: _____ Home Phone: _____

Office Fax: _____ Home Fax: _____

Email: _____ Cell Phone: _____

Please indicate your primary address for our directory listing: Address: Office _____ Home _____
NWFLCLG may publish the following phone numbers: Office _____ Home _____ Cell _____ Fax _____
NWFLCLG may publish my email address: Yes _____ No _____

Area of Expertise: _____ **Attach your Resume or Curriculum Vitae**

Attorneys' area of practice: Family Law _____ Civil _____ Estate _____ Other _____

Mental Health Professional's areas of practice: Child Specialist _____
Note: Members serving as Child Specialists must be licensed to practice independently and be experienced in evaluating and working with children and their families.

Financial Professional's areas of practice: Financial Planning _____ Business Valuations _____
Tax Planning _____

Please indicate the number of years of practice in your field _____

Committees: Please indicate the committee(s) that may be of interest to you:

Education Membership Peer Mentoring
 Standards & Practice Marketing Other

I have the following language skills and I am willing to provide translation services to our members' _____

PART II -Education and Training *(Complete if information is not on your CV)*

Post-secondary Education - Institution	Degree	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mediation Training -Course Format (Attach Certificate(s))	Date	No. of Credits
_____	_____	_____
_____	_____	_____

Collaborative Training - Course Format(Attach Certificate(s))	Date	No. of Credits
_____	_____	_____
_____	_____	_____

Other Training, Certifications or Accreditations (Attach Certificate(s))

List all professional licenses held by you, current and in the past (Attach Certificate(s))

Description	State of Issuance	Date First Issued	Current Standing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____