

APPLICATION FOR MEMBERSHIP

As outlined in our by-laws, all members of SCFLP must have had at least ten years practice in their designated field with an emphasis on family law. All members must be licensed by their respective professional organizations. In addition, each member must have completed the course for certification as a Florida Supreme Court Family Mediator and the training required by the International Academy of Collaborative Professionals. (IACP).

| Name: | |
|------------------------|--|
| Name of firm: | |
| | |
| Address: | |
| City, State: Phone: | |
| Phone: | |
| Fax: | |
| | |
| Email: | |
| Website: | |

| Attorneys | |
|----------------------------------|--|
| Florida Bar number: | |
| Date admitted: | |
| Years of practice: | |
| Areas of practice: | |
| | |
| Years of practice in family law: | |
| % of practice in family law: | |
| Board certified in family law? | |
| Other certifications: | |

| Financial & Mental Health Professionals | |
|---|--|
| License number: | |
| Year licensed: | |
| Areas of practice and | |
| specialities: | |
| Involvement in family law | |
| matters: | |

| All Professionals | | |
|--------------------------------|--|--|
| Completion date of Florida | | |
| Supreme Court Family Mediator: | | |
| Certification number: | | |
| Completion date of | | |

| Collaborative Family Law | |
|-----------------------------|--|
| Training: | |
| Provider of training: | |
| Location of training: | |
| | |
| Have you participated in a | |
| collaborative divorce case? | |
| How many? | |
| In what capacity? | |
| | |
| Do you belong to other | |
| Collaborative Groups? | |
| Why do you wish to join the | |
| membership of SCFLP? | |

Please provide two references who are current members of SCFLC or who are familiar with your professional expertise.

| Name | |
|-------------|--|
| Address | |
| City, State | |
| Phone | |
| Email | |

| Name | |
|-------------|--|
| Address | |
| City, State | |
| Phone | |
| Email | |

I certify that all the information I have provided in this application is true and correct to the best of my knowledge. I further promise to uphold my obligations as a member, to include acting in a professional and collaborative manner with compliance to the by-laws of Sarasota Collaborative Family Law Professionals.

Signature

Date

Initial Membership Fee: <u>\$500.00</u>

Please forward your application and payment (made payable to Sarasota Collaborative Family Law *Professionals*) to:

Dr. Brad Broeder 1266 1st Street, Suite 11 Sarasota, FL 34236

Your application will be reviewed by the board of directors. A telephone interview will be scheduled with a professional in your designated field to clarify any questions you may have. Upon acceptance of your application, you will be contacted by a member of the board of directors of Sarasota Collaborative Family Law Professionals.