



COLLABORATIVE LAW INSTITUTE OF GEORGIA ("CLIG")

Membership Application

Renewal Membership **New Membership**

FULL NAME: _____ (Please attach your business card)

FIRM/EMPLOYER: _____

OFFICE ADDRESS: _____

OFFICE PHONE: (_____) _____ **OFFICE FAX:** (_____) _____

CELL PHONE: (_____) _____ **EMAIL:** _____

WEBSITE: _____

MEMBERSHIP CATEGORY (*Requirements for membership on reverse*):

Regular Membership - \$250

Student Membership - \$50

PRACTICE AREA:

Attorney **Financial Consultant** **Mediator** **Divorce Coach/Child Specialist**

I am interested in assisting on the following committee(s):

Training **Public Relations** **Protocols/Membership**

Please read and sign on reverse.

Requirements for Membership:
Effective January 1, 2008

1. Annual Dues: \$250, *which includes required dues for IACP of \$100.00* (CLIG will handle submission of your IACP membership and dues for you);
2. Member in Good Standing with current license in your own profession;
3. Maintain professional liability insurance;
4. Completion of a 2-Day Basic Collaborative Practice Training that meets IACP requirements;
5. Upon completion or termination of a collaborative matter, Agreement to complete an IACP Collaborative Practice Survey and Distribute Client Survey where appropriate;
6. Continuing Collaborative Practice Training Requirement (after 1st year of membership):
 - a. 4 Hours - if you have completed 2 or more collaborative cases during the previous calendar year; or
 - b. 8 Hours - if you have completed fewer than 2 collaborative cases during the previous calendar year;
7. Maintain membership in International Academy of Collaborative Professionals (IACP) (discounted dues to be collected with annual membership dues as set forth in 1. above); and
8. Agree to uphold the CLIG standards for collaborative practice (posted on our website at www.collaborativepracticega.com).

Student Members:

Annual Dues: \$50.00

Dues Payable By Credit Card:

Please indicate Card Type: MC / VISA / AMEX / DISCOVER

Card #: _____

Expiration date: _____

CSC # (card security code): _____

FAX TO: 770-516-0236

By signing this application for CLIG, I agree to abide by the above requirements of membership and to honor the CLIG and IACP standards* for Practitioners. I further agree to abide by the License Agreement* relative to the use of the Collaborative Practice/Collaborative Law Practice “Mark.”

Signature

Make Checks Payable To “CLIG” and Mail To:

CLIG
248 Creekstone Ridge
Woodstock, GA 30188

For questions, contact CLIG at 770-517-8791

*Copies of the Standards, License Agreement and Guidelines for Use can be found on the IACP website at www.collaborativepractice.com