

Member Group __ Application __ Renewal

1. GROUP INFORMATION

a. Name of Practice Group: _____

Group Acronym: _____

Website URL: _____

b. Practice Group Chair(s): _____

c. Delegates: (see Representation of Member Groups on reverse): _____

d. Divorce Options Liaisons (each group may have two liaisons): _____

e. Counties Served (indicate numbers 1 through 5 in the boxes, with 1 being the primary county served):

- | | | | | |
|---------------------------------------|--------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Imperial | <input type="checkbox"/> Modoc | <input type="checkbox"/> San Diego | <input type="checkbox"/> Solano |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Inyo | <input type="checkbox"/> Mono | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Sonoma |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Kern | <input type="checkbox"/> Monterey | <input type="checkbox"/> San Joaquin | <input type="checkbox"/> Stanislaus |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Kings | <input type="checkbox"/> Napa | <input type="checkbox"/> San Luis Obispo | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Lake | <input type="checkbox"/> Nevada | <input type="checkbox"/> San Mateo | <input type="checkbox"/> Tehama |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Lassen | <input type="checkbox"/> Orange | <input type="checkbox"/> Santa Barbara | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Placer | <input type="checkbox"/> Santa Clara | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Madera | <input type="checkbox"/> Plumas | <input type="checkbox"/> Santa Cruz | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Marin | <input type="checkbox"/> Riverside | <input type="checkbox"/> Shasta | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Fresno | <input type="checkbox"/> Mariposa | <input type="checkbox"/> Sacramento | <input type="checkbox"/> Sierra | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> Glenn | <input type="checkbox"/> Mendocino | <input type="checkbox"/> San Benito | <input type="checkbox"/> Siskiyou | <input type="checkbox"/> Yuba |
| <input type="checkbox"/> Humboldt | <input type="checkbox"/> Merced | <input type="checkbox"/> San Bernardino | | |

f. Description of Group for Website: _____

g. Total number of Members in your group: _____

By Profession: _____ Legal _____ Mental Health _____ Financial _____ Other (please specify): _____

h. Please attach a list of your members, with contact information.

i. Is IACP membership a requirement of your group? _____ Yes _____ No.

If no, what % of your members are members of IACP? _____

j. Please initial here _____ to certify that your group complies with the existing membership requirements (see Member Group Requirements on reverse).

2. CP Cal MEMBERSHIP FEES

New Member Group:

- \$700:** Group of 20 members or fewer
(\$250 + one-time website fee \$450*)
**\$450 website fee may be deferred until
payment of second year dues*
- \$1250:** Group of 21 members or more
(\$500 annually + one-time website fee \$750)

Renewal:

- \$500**

3. PAYMENT (must be received by December 31; a 5% late charge applies thereafter)

- Check enclosed (payable to CP Cal)
- Charge to my ___ Visa ___ MasterCard

Card # _____ Exp. date ___/___ 3 or 4-Digit Security Code: _____

Name as it appears on card

Billing Address

PLEASE RETURN COMPLETED APPLICATION WITH PAYMENT TO:

COLLABORATIVE PRACTICE CALIFORNIA (CP CAL)
C/O 145 WILD HORSE VALLEY DR.
NOVATO, CA 94947

Representation of Member Groups:

Each member group is entitled to one or more delegates on the Conference of Delegates of CP Cal, with each delegate having one vote at the Conference of Delegates.

- Groups with 9 or fewer members: one delegate
- Groups with 10 to 29 members: two delegates
- Groups with 30 to 49 members: three delegates
- Groups with 50 to 75 members: four delegates
- Groups with 76 or more members: five delegates

Delegates serve terms of a minimum of one year, and no more than six consecutive years.

Member Group Requirements:

For a local practice group to be a member group of CP Cal, a majority of local practice group members must:

- be members of the International Academy of Collaborative Professionals (IACP)
- meet the Minimum Standards for Collaborative Professionals (“Minimum Standards”) and adhere to the Ethical Standards for Collaborative Professionals (“Ethical Standards”) as promulgated by the IACP

Each practice group must have at least five (5) professional members, each of whom holds a professional license and/or designation specified in the “Minimum Standards.” There is no prohibition for a member group having as associate members additional professionals who aren’t required to be IACP members and/or have a professional license or designation recognized by the IACP.

Groups have three years from the date of joining CP Cal to comply with the IACP membership and Minimum Standard requirements reference above.