

COLLABORATIVE PROFESSIONALS OF BALTIMORE APPLICATION

Name: _____

Address: _____

Office Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Profession: _____

Years in Practice: _____ Collaborative Training: YES NO

License(s) + Year License Obtained: _____

Attorneys: Do you intend to work on an Interdisciplinary Team: YES NO

IACP Membership: YES NO As of: _____

Collaborative Training: YES NO Where/When: _____

Mediation Training: YES NO Where/When: _____

Counties in Which You Practice: _____

Other Professional Organizations To Which You Belong: _____

I certify, to the best of my knowledge, information and belief that the above information is correct and I agree to (please initial each of the following to indicate your consent to maintain these requirements):

- _____ Comply with the rules and procedures of CPB as they evolve
- _____ Pay annual dues of CPB as set by the Board of Directors
- _____ Maintain the membership requirements of my professional licensure
- _____ Obtain basic Collaborative training, if I am not already trained
- _____ I understand that Members are strongly encouraged to attend monthly membership meetings and advanced trainings

Signature: _____ Date: _____

Please make your check payable to CPB in the amount of \$75 and mail it along with this application to Carol Ghingher Cooper, Esq., Gordon Feinblatt, LLC, 1001 Fleet Street, Suite 700, Baltimore, MD 21202.

Questions: Contact Mollie Caplis at 410.659.1325 or mcaplis@wclaw.com