COLLABORATIVE LAW CENTER OF ATLANTA, INC.
APPLICATION FOR MEMBERSHIP

☐ **New Member**
☐ **Renewing Membership (update record below if necessary)**
Primary area of Interest: ☐ **Family** ☐ **Civil** ☐ **Both**

_____
Name Company Name/Firm

_____ _____
Primary Profession - (designation, i.e. JD, PhD, CPA, etc) Other professional designations

Listing on Web site and brochure ☐ Attorney ☐ Mental Health ☐ Financial Consultant

Mental Health Pro. Coach ☐ Child Specialist ☐ Both ☐ Other Expert ☐ _____
There is no additional fee for designations here

_____
Address City County State Zip Code

_____
Telephone Fax Cell Web Site Email

Changes to existing web link and/or web site: All members will be listed on the CLCA web site and appear in the CLCA brochure. You will need to mail your Application along with your membership fee to the CLCA office. In order to establish a link between your web site and the CLCA web site, you will need to provide us with your URL/web site. If you do not have a web site and would like to have your bio and picture appear on the web site, you will need to provide us with a copy of your bio and picture in JPG format. There is a $10.00 fee for this service. Please send this electronically to webmaster@CollabAtlanta.com. Please be sure to request a read receipt to insure that you transmission was received and that the file can be opened without difficulty. Also, check the web site within a couple of weeks to be sure that your information is listed. If not, contact the office at (404) 475-0333, to report any difficulty. ☐ Provide a link between CLCA web site and my web site (URL)_____

Please check appropriate blanks below:

☐ member in good standing with the IACP ☐ Completed Training on _____

Certification in the following: ☐ registered mediator with the State ADR Office ☐ Parent Coordination

Admitted to the practice of law for _____ years. Devote at least _____% of my practice to family law

☐ Interested in serving on Board or Committee of CLCA ☐ Available to serve as a Mentor

Membership Fees: ☐ **$50.00** ***includes your listing on web site and in brochure***
Add designations ☐ **$25 *If you wish to be listed under more than one profession.**
Add ☐ Lawyer ☐ mediator ☐ Mental Health ☐ Financial Consultant
Bio & Picture ☐ **$10**

PLEASE MAKE CHECKS PAYABLE TO THE COLLABORATIVE LAW CENTER OF ATLANTA, INC.

Mail Invitation for Membership and Fee to: **Collaborative Law Center of Atlanta, Inc.**
3128 Clairmont Road, NE
Atlanta, Georgia 30329