



THIS FORM MUST BE SENT IN WITH YOUR RENEWAL APPLICATION
CCLP MEMBERSHIP REQUIREMENTS AFFIDAVIT 2010
FOR ACTIVITIES DURING CALENDAR YEAR 2009

Name: _____
E-Mail: _____
Phone: _____

all Level I and Level II Members of CCLP(Attorney, Affiliate, Consultant)

Attended 3 practice group -OR- 3 member meetings in 2009;
Commitment to attend three practice group or member meetings in 2010;
Complete 5 hours of collaborative training in 2010;
Payment of dues for CCLP Membership.
Payment of dues and sustained membership in IACP

all Intern or Affiliate Members w/No Level Designation,

Continued commitment and payment of dues for CCLP Membership;
Payment of Dues and sustained membership in IACP.

**By signing this affidavit, I attest to meeting the membership criteria as set forth
By the Colorado Collaborative Law Professionals Organization.**

Signature

Date

Send this completed form along with Membership renewal form to:

CCLP Admin Assistant
9573 E.Kansas Circle Unit 60
Denver, CO 80247
Questions or assistance in completing this form???
brtccflp@yahoo.com or telno: 303 369-0914 fax 303 369-0161