



2010 Membership Renewal application only DO NOT use this form for New Membership

1. MEMBERSHIP INFORMATION:

 First Name Middle Initial Last Name

 Business/Firm Name

 Office Address

 City State Zip Code

 Telephone Fax

 Email

 Profession

 Website address (PLEASE PRINT CLEARLY)

2. PRACTICE GROUP INFORMATION:

Check here if you wish to be enrolled in the Colorado Alliance of Collaborative Professionals, sponsored by CCLP. (There is no fee to join).

3. MEMBERSHIP REQUIREMENTS:

Membership to IACP is a requirement for all membership levels in CCLP. If you are not a current IACP member, you must renew your IACP membership within 10 days.

IACP Membership info and renewal can be completed via a the IACP website: www.collaborativepractice.com.

My IACP membership is not current - I will renew within 10 days.

My IACP membership is current.

PLEASE RETURN **CCLP RENEWAL & AFFIDAVIT** TO:

CCLP Administrative Assistant
 9573 E. Kansas Circle Unit 60, Denver, CO 80247

If paying by credit card, you may
 fax to (303) 369-0161 or email to brtccflp@yahoo.com

4. MEMBERSHIP RENEWAL FEES:

CCLP Membership is for January – December of current year
 Renewal must be completed by 02/15/2010 or your membership will be deactivated.

- Intern Membership.....\$50.00
- Affiliate Membership (no Level designated) \$125.00
- Affiliate Level I\$125.00
- Attorney Level I\$125.00
- Consultant Level I\$125.00
- Affiliate Level II.....\$125.00
- Attorney Level II..... \$125.00
- Consultant Level II..... \$125.00

Jan 15 - Feb 15, 2010 - 1/2 off Renewal Membership fee for CCLP if you renew and bring in a New CCLP Member who joins CCLP before 2/15/2010.

Jan 15 - Feb 15, 2010 - 25% off Renewal Membership fee for CCLP if you renew and bring in a Rejoining CCLP Member who joins before 2/15/2010.
New/Rejoining Member _____.

5. PAYMENT:

- Check enclosed for CCLP Membership Renewal (payable to CCLP)
- I wish to charge my membership using a Credit Card (**DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM**) (Please send renewal & affidavit forms to address or fax noted on this form. An electronic invoice will be sent to you to pay by credit card. NOTE: Renewal not complete til CC pmt recd.

6. AGREEMENT:

By renewing my CCLP membership and signing this application, I agree to continue my commitment to CCLP's Bylaws and Guidelines. I also affirm that I have met the renewal requirements for the category and Level indicated, as outlined in the 'Membership Criteria' document for CCLP. I further agree that if renewing for Consultant or Attorney Level I or Level II membership categories, I continue to maintain Professional Liability Insurance .

*Copies of the CCLP Bylaws and Guidelines are located on our website at www.cclawp.org

 Signature

 Date