



2010 New Membership Application only

DO NOT use this form to renew existing 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 not a current member of IACP, you must enroll in IACP within 10 days of enrollment to CCLP.

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

- I will enroll in IACP with 10 days.
- I am already a member of IACP.

PLEASE RETURN THIS APPLICATION & PROOF OF PROF LIABILITY INS (IF APPLICABLE) TO:

CCLP Administrative Asst,
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 FEES:

CCLP Membership is for January – December of current year

If you are joining CCLP Jan – April Pay full dues
If you are joining CCLP May – Aug Reduce dues 25%
If you are joining CCLP Sept – Dec Reduce dues 50%

- 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 Membership fee for CCLP if you join with a renewing Member.

Renewing Member _____.

Check here if you are interested in the Mentor Program (This is available to Level I and Level II members only).

5. PAYMENT:

- Check enclosed for CCLP Membership (payable to CCLP)
- I wish to charge my membership using a Credit Card

(If you indicate credit card payment, please send this application and any applicable proof of liability insurance forms. CCLP will email you an invoice for payment of dues. NOTE: your membership is not active until credit card or check payment is received.

6. AGREEMENT:

By becoming a CCLP member and signing this application, I agree to abide by the Guidelines and Bylaws of CCLP and all requirements as outlined in the 'Membership Criteria' document. I further agree that if applying for Consultant or Attorney Level I or Level II membership categories, I will provide proof of Professional Liability Insurance .

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

Signature

Date