



**THE CONNECTICUT COUNCIL FOR NON-ADVERSARIAL DIVORCE
2018 MEMBERSHIP APPLICATION (NEW & RENEWAL)
JANUARY 1, 2018 – DECEMBER 31, 2018**

First Name Middle Name Last Name

Firm Name *(if applicable)*

Office Address

City State Zip Code

Office Phone Home Phone *(not for publication)* Cell phone Fax

Email Website

Profession *(including designations, if any)*

2nd Office Phone/Fax/Address

COLLABORATIVE PRACTICE GROUP INFORMATION:

Name of your Collaborative Practice Group

Contact Person *(including phone & email)*

MEMBERSHIP FEES: Is this a renewal? Yes No

Check here if membership in CCND is required for your practice group, i.e., “Whole Group Membership”. *(A discounted per-member fee applies when ALL members of a practice group are required by the terms of the practice group rules to join CCND).*

- Individual Membership..... \$200 (includes website directory listing with weblink)
- Whole Group Membership.....\$150 (includes website directory listing with weblink)
- Retired Members.....\$100.00
- Graduate Student: 1st year... \$0 2nd year...\$40 3rd year...\$75 4th year or 1st year after graduation...\$100
- Donation: \$25 \$50 \$100

PAYMENT:

- Credit Card *(to pay by credit card, please visit our website at www.gooddivorcect.com)*
- Check enclosed *(please make check payable to “CCND” and mail to: CCND, P.O. Box 1249, Southbury, CT 06488)*

For Collaborative Professional and Mediator Applicants: I affirm that I meet the membership criteria of CCND as a

- Collaborative Professional and/or Mediator.

Signature

Date