

**Connecticut Council for
2016– 2017 Membership
(New & Renewal)
July, 2016 – December, 2017**



**Non-Adversarial Divorce
Application**

MEMBERSHIP INFORMATION:

First Name	Middle Name	Last Name	
Firm Name <i>(if applicable)</i>			
Office Address			
City	State	Zip Code	
Office Phone	Home Phone <i>(not for publication)</i>	Cell phone	Fax
Email	Website		
Profession <i>(including designations, if any)</i>			
2 nd Office Phone/Fax/Address			

PRACTICE GROUP INFORMATION:

Name of your 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..... \$225 (includes website directory listing with weblink)
 - Whole Group Membership.....\$150 (includes website directory listing with weblink)
 - Retired Members.....\$112.50
 - 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 1067, Orange CT 06477*

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 _____