



**THE CONNECTICUT COUNCIL FOR NON-ADVERSARIAL DIVORCE**  
**2024 MEMBERSHIP APPLICATION FOR NEW APPLICANTS AND RENEWING MEMBERS**  
**JANUARY 1, 2024 – DECEMBER 31, 2024**

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(optional/not for publication)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(optional/not for publication)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

**COLLABORATIVE PRACTICE GROUP INFORMATION:**

Name of your Collaborative Practice Group(s) \_\_\_\_\_

Which (if any) are Whole Groups? \_\_\_\_\_

Please provide name, phone, & email of your Whole Group leader(s)\*: \_\_\_\_\_

**APPLICATION TYPE:**    Check here if this is a renewal                       Check here if this is a new application

**NEW APPLICANTS:**

Please affirm that you meet the CCND membership criteria for Collaborative Professionals and/or Mediators by checking the appropriate box(es) below. The criteria are found [here, on the CCND website.](#)

I affirm that I meet the membership criteria of CCND as a:                       Collaborative Professional and/or a  Mediator.

Please indicate trainings completed (select all that apply):

**40 Hour Basic Family Mediation Training**

Please indicate training dates and trainer(s) name(s): \_\_\_\_\_

**Introduction to Interdisciplinary Collaborative Training**

Please indicate training dates and trainer(s) name(s): \_\_\_\_\_

**MEMBERSHIP FEES:** Please check the type of membership for which you are paying dues; make check payable to "CCND" and mail it along with this form to CCND, P.O. Box 1551, Naugatuck, CT 06770

Individual	<input type="checkbox"/> \$250.00	Whole Group	<input type="checkbox"/> \$200.00*
Newly Trained	<input type="checkbox"/> \$150.00	Provisional	<input type="checkbox"/> \$100.00
Retired	<input type="checkbox"/> \$100.00	Non-profit Organization	<input type="checkbox"/> \$100.00
Graduate Student	<input type="checkbox"/> \$0		

*\*If paying Whole Group dues, please be sure to provide Whole Group name and leader information in the spaces provided above.*

Signature \_\_\_\_\_ Date \_\_\_\_\_