



THE CONNECTICUT COUNCIL FOR NON-ADVERSARIAL DIVORCE  
2023 MEMBERSHIP APPLICATION (NEW & RENEWAL)  
JANUARY 1, 2023 – DECEMBER 31, 2023

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First Name	Middle Name	Last Name
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Firm Name *(if applicable)*

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Office Address

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City	State	Zip Code
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Office Phone	Home Phone <i>(not for publication)</i>	Cell phone <i>(not for publication)</i>
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Email	Website
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Profession *(including designations, if any)*

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2<sup>nd</sup> Office Phone/Address

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**COLLABORATIVE PRACTICE GROUP INFORMATION:**

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Name of your Collaborative Practice Group(s)

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Contact Person *(including phone & email)*

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<b>MEMBERSHIP FEES:</b>	Is this a renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>COST</b>	<b>COST</b>
	<b><i>Post marked by December 31, 2022</i></b>	<b><i>Post marked after December 31, 2022</i></b>
Individual	\$225	\$250
Newly Trained	\$125	\$150
Whole Group	\$175	\$200
Retired	\$100	\$100
Student	\$-0-	\$-0-

**COLLABORATIVE PRACTICE GROUP INFORMATION:**

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Name of your Collaborative Practice Group(s)

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Contact person (including phone & email)

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Please make check payable to "CCND" and mail entire form to: CCND, P.O. Box 1551, Naugatuck, CT 06770

**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 \_\_\_\_\_