



THE CONNECTICUT COUNCIL FOR NON-ADVERSARIAL DIVORCE
MEMBERSHIP APPLICATION FOR NEW APPLICANTS AND RENEWING MEMBERS
(as of 11/7/2024)

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Office Phone	Home Phone (optional/not for publication)	Cell phone (optional/not for publication)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

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	Provisional	<input type="checkbox"/> \$100.00
Newly Trained	<input type="checkbox"/> \$150.00	Non-profit Organization	<input type="checkbox"/> \$100.00
Retired	<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 _____