

*Application To Join The*

*Howard County Collaborative Professionals*

I hereby apply for membership in the Howard County Collaborative Professionals, Inc. (HCCP)

**PLEASE PRINT THE FOLLOWING:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Facsimile \_\_\_\_\_

Three counties in which you practice the most \_\_\_\_\_

Profession \_\_\_\_\_

Number of Years in Practice \_\_\_\_\_ Mediation Training (When/Hours/Type) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Provide details of your Collaborative Law training (include dates, location, sponsor and trainers/presenters) and attach copies of any certificates received from your training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am a member of the following collaborative practice groups (IACP, MCLA, HCCP, CDRP, MCPC, etc.) and professional practice groups:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct to the best of my knowledge, information and belief, and I agree that I will:

- A. Comply with all rules and procedures of the HCCP;

- B. Pay annual dues required for membership in the HCCP. We run on a calendar year. Membership Dues for one year are \$130.00 or join for two years for \$240.00; (If you join after July 1 in the calendar year, the dues for the remainder of the year are \$65.00.);
- C. Complete a minimum 2-day basic training in Collaborative Practice which meets the standards set forth by the IACP;
- D. Attend other educational/seminars on Collaborative Practice during the year;
- E. Remain a member in good standing in the professional organization appropriate to my profession, and will provide proof of my status, when requested.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**We encourage you to become involved by working with a committee.**

I am interested in serving on the following committees:

\_\_\_\_\_ Membership (Recruitment/standards, forms, documents, protocols/best practices, benefits and levels of membership, maintain current membership list, social events)

\_\_\_\_\_ Education/Training (Monthly meetings, speakers, mentoring, seminars, and training)

\_\_\_\_\_ Community Outreach (Outreach to professional community – bench/bar; mental health professionals, financial persons, open houses, speakers’ bureau, fundraising)

\_\_\_\_\_ Communications (Public relations, articles, brochures, website, promotion of collaborative practice in the community)

\_\_\_\_\_ Nominating Committee (Promote leadership within HCCP, Inc., update bylaws to effectuate mission, vision and values of HCCP, Inc.)

Please make checks payable to: **HCCP** and return completed Application and check to:

HCCP, Inc.  
 c/o Jac E. Knust  
 3440 Ellicott Center Drive, Suite 103  
 Box 1542  
 Ellicott City, Maryland 21041  
 Tel: 410-465-8900  
 Fax: 443-638-2486