

**MEMBERSHIP APPLICATION**  
**COLLABORATIVE LAWYERS OF TARRANT COUNTY**  
**FOR**  
**ALLIED PROFESSIONALS**  
**WWW.ABOUTCOLLABORATIVELAW.COM**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Areas of Qualification: \_\_\_\_\_

Brief description about your services to be placed on aboutcollaborativelaw.com:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership requirements:

- \$25 annual dues payment.
  - check for \$25 payable to CLTC is enclosed
  
- membership in  IACP or  CLI-TX (Membership will not be processed unless you show up as a member on one of these sites. Please do not send application in until you show up as a member on one of these sites.)

return application to:  
Diane M. Wanger  
304 Harwood Road  
Bedford, Texas 76021

office use

date received: \_\_\_\_\_