

MEMBERSHIP APPLICATION
COLLABORATIVE LAWYERS OF TARRANT COUNTY
WWW.ABOUTCOLLABORATIVELAW.COM

Name: _____

Law Firm: _____

Address: _____

City: _____ Zip Code: _____

Office Phone: _____ Office Fax: _____

E-Mail: _____

Website: _____

J.D. Degree from where and in what year: _____

Are you Board Certified in Family Law: _____

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.)

I understand that membership in The Collaborative Lawyers of Tarrant County is offered only to attorneys who have at a minimum 12 complete hours of training from a course recognized by the Collaborative Lawyers of Tarrant County. Continuing education will be required in the future and additional obligations of membership may from time to time be instituted.

Applicant

I certify that I have attended the following courses and participated in the number of hours listed by my signature below:

(list course dates, city, sponsoring organization or person, name(s) of trainer(s) and number of hours physically in the room watching the course for each course attended)

Signed this _____ day of _____, 200_____.

Applicant

return application with membership requirements to:

Diane M. Wanger
304 Harwood Road
Bedford, Texas 76021