

Mid-Jersey Collaborative Law Alliance

Member Information Form
Application Fee: \$300.00 (non-refundable)
Annual Dues: \$200.00

Mail completed applications to:

**Mia Cahill, Esq., Secretary
Dennigan Cahill, P.C.
116 Village Blvd., Suite 307
Princeton, New Jersey 08540**

PART 1

Name	_____	Profession	_____
Title	_____	E-mail Address (required)	_____
Firm/Org Name	_____		
Business Address	_____ _____	Home Address	_____ _____
Work Phone	_____	Home Phone	_____
Work Fax	_____	Home Fax	_____

Please indicate your preference for the following:

Address for MJCLA Directory: Business or Home
Address for Mail from MJCLA: Business or Home
Locations for Faxes from MJCLA: Business or Home

Language Skills: In an effort to better serve the public, we are asking all members to note their bilingual skills.

Language	Speaking Ability	Reading/Writing Ability
_____	_____	_____

Area of Expertise:

MJCLA Committees: Please indicate the committee(s) that may be of interest to you so that the respective committee chair(s) can provide you with more information.

<input type="checkbox"/> Annual Meeting	<input type="checkbox"/> Ethics	
<input type="checkbox"/> General Meetings	<input type="checkbox"/> Membership	
<input type="checkbox"/> Newsletter	<input type="checkbox"/> MJCLA Web Site	<input type="checkbox"/> Peer Mentoring
<input type="checkbox"/> Publicity/Marketing		<input type="checkbox"/> Other _____

Please note that:

1. Memberships will not be granted or continued to anyone who is under sanctions or exclusion by any duly authorized enforcement agency, licensing and/ or disciplinary authority.
 2. Providing incorrect information, withholding information or presenting materially false information is grounds for not approving membership or revoking membership.
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PART II

Photocopies of the following documentation (and a narrative statement for items for which there is no documentation) **MUST** be submitted with your application.

<u>Education/Training</u>	Institution/Location	Degree	Year
Undergraduate			
Post-Graduate/Other			
Mediation Training			
Divorce & Family			
Collaborative Practice			
Other:			

What professional licenses do you hold or have you held?

Description	Issued by (state)	Date first issued	Current Status

Please list any mediation credentials (certifications, accreditations, etc.) that you hold and provide course format for mediation and collaborative law training.

In New Jersey or any other jurisdiction:

- | | | |
|--|-----------------------------|-------------------------------|
| 1. Has your license to practice any profession ever been suspended or revoked? | <input type="checkbox"/> NO | <input type="checkbox"/> YES* |
| 2. Have you ever been disciplined by a licensing board or professional organization? | <input type="checkbox"/> NO | <input type="checkbox"/> YES* |
| 3. Have you ever been convicted of or pleaded guilty to a crime or misdemeanor? | <input type="checkbox"/> NO | <input type="checkbox"/> YES* |
| 4. Are you aware of any pending disciplinary action against you? | <input type="checkbox"/> NO | <input type="checkbox"/> YES* |
| 5. Are you requesting waiver(s) of any of the requirements for acceptance? | <input type="checkbox"/> NO | <input type="checkbox"/> YES* |

*If yes, please provide explanations on a separate sheet of paper. If yes for Question 6, please identify the requirement(s) which you request to be waived, and the reasons why the Board should grant such a waiver. Note that a “yes” to any of the above questions will **not** automatically disqualify you from earning accreditation.

Note: All membership applications are subject to approval by the Executive Board in its sole discretion.

_____ I hereby apply for membership in the Mid-Jersey Collaborative Law Alliance (MJCLA). I hereby represent that I am a New Jersey licensed attorney or other professional in good standing; that I am familiar with and support the goals, purposes and philosophy of the MJCLA and when accepted to membership, I agree to abide by the By-Laws, as well as rules, protocols of practice, and regulations promulgated by its Executive Board.

_____ I hereby renew my application in the Mid-Jersey Collaborative Law Alliance (MJCLA). I hereby represent that I am a New Jersey licensed attorney or other professional in good standing; that I am familiar with and support the goals, purposes and philosophy of the MJCLA and when accepted to membership, I agree to abide by the By-Laws, as well as rules, protocols of practice, and regulations promulgated by its Executive Board.

I understand that the requirements of membership include: completion of 8 hours of mediation training and 16 hours of collaborative law training within 12 months of being admitted to membership; participation in continuing education in the fields of family law, mediation or collaborative law for a minimum of 4 hours per year; attendance at four (4) of the scheduled meetings each calendar year; and submission of my annual renewal Certification along with my annual dues and proof of liability insurance each year. I will strive to encourage collaborative law in my family practice. I understand that failure to comply with these requirements may result in the suspension of my membership.

I affirm that all of the information submitted is true and accurate and shall be relied upon by MJCLA in reviewing my application for membership. Any negative change of status during the application process or subsequent to acceptance as a member shall be brought to the attention of MJCLA immediately.

_____ **I have enclosed my check for \$500 (\$300 non-refundable application fee and \$200 annual dues) with all required documentation.**

_____ **I have enclosed with this completed renewal application a check for the current year dues of \$200.**

Date: _____

Signature: _____

Print Name: _____