

MASSACHUSETTS COLLABORATIVE LAW COUNCIL, INC.



Email: mclc@MassCLC.org

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**ASSOCIATE MEMBERSHIP APPLICATION & RENEWAL
June 1, 2005 - May 31, 2006**

(please type or print legibly)

NAME: _____
OFFICE ADDRESS: _____
City, State, zip code _____
OFFICE PHONE: () _____ OFFICE FAX: () _____
EMAIL: _____ WEB SITE: _____

I affirm that I am licensed or certified and a member in good standing in my field of _____, and that I have completed the basic collaborative law training required for membership.

LICENSE OR CERTIFYING ENTITY: _____

CLC TRAINING DATE: _____

TRAINING PROVIDER: _____

SPECIALTY AREA(S): _____
e.g. financial, divorce
coach, child specialist, etc.

SIGNED: _____ DATED: _____

**ANNUAL MEMBERSHIP DUES: \$100.00 or
ANNUAL MEMBERSHIP DUES *plus* WEBSITE PROFILE: \$175.00**

**Please make checks payable to: Massachusetts Collaborative Law Council, Inc.
Please mail check WITH signed AND dated application to:**

**Paul Faxon, Treasurer
Massachusetts Collaborative Law Council
The New Law Center, 288 Walnut Street, 5th floor
Newton, MA 02460**

