



**ATTORNEY
APPLICATION FOR MEMBERSHIP**

NAME: _____

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE #: _____ **FAX #:** _____

WEBSITE ADDRESS: _____

E-MAIL ADDRESS: _____ **FLORIDA BAR #:** _____

DATE ADMITTED TO BAR: _____ **YEARS OF PRACTICE:** _____

PERCENTAGE OF PRACTICE IN FAMILY LAW: _____

YEARS OF PRACTICE IN SPECIALTY: _____

CERTIFICATIONS: _____

ARE YOU A CERTIFIED FAMILY MEDIATOR? _____

YEAR OF ORIGINAL CERTIFICATION? _____

REASON FOR JOINING: _____

THREE REFERENCES – Name, E-Mail Address and Daytime Telephone Number
(Two of whom are members of CFLI and one of whom is practicing in your field.)

Our dues are \$350.00 for Attorneys and they are due on **January 1st** of each year. The dues for the first year will be prorated. All approved applicants will be required to participate in a Collaborative training within 90 days of approval of membership. If you are approved for membership you agree to comply with the CFLI's By-Laws, attend all CFLI general meetings (unless excused), meet all continuing education training requirements and remain current in payment of dues.

Upon review of your application, you will be notified of your membership status and the amount of your dues for this year. Please forward your application and an application fee of \$25.00 made payable to CFLI to:

Allison D. Hockman, Esq.
3211 Ponce de Leon Blvd. – Suite 200
Coral Gables, FL 33134

If you have any questions, please contact:

Allison D Hockman, Esq.
President
305-446-7800
ahockmanlawoffice@gmail.com

OR

Susan Keyes, Esq.
Co-Chair Membership Committee
305-663-6566
smkeyes@bellsouth.net

CFLI Rules and Regulations are available online at www.collaborativefamlaw.com

I HAVE READ THE CFLI MEMBERSHIP RULES AND REGULATIONS:

Signature

Date

www.collaborativefamlaw.com