



MENTAL HEALTH PROFESSIONAL APPLICATION FOR MEMBERSHIP

NAME: _____

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

WEBSITE ADDRESS: _____

E-MAIL ADDRESS: _____ LICENSE NUMBER: _____

YEARS OF PRACTICE: _____

AREA OF SPECIALIZATION: _____

YEARS OF PRACTICE IN SPECIALTY: _____

PROFESSIONAL LICENSES: _____

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 \$200.00 for Mental Health Professionals 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:

**Susan Keyes, Esq.
Co-President
4714 Sunset Drive
Miami, FL 33143**

If you have any questions, please contact:

Bette Quiat, Esq.
Co-President
305-279-4044
bquiatlaw@gmail.com

OR

Sydney Towne, Esq.
Chair, Membership Committee
561-447-2274
sat@gwpa.com

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