



## 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:

**Rebecca H. Fischer, Esq.**  
**Co-President**  
**Fischer & Feldman, P.A.**  
**450 N. Park Road, Suite 500**  
**Hollywood, FL 33021**  
[rfischer@lff-law.com](mailto:rfischer@lff-law.com)

If you have any questions, please contact:

Lana M. Stern, Ph.D.  
Co-President  
305-448-5006  
[lmsternphd@aol.com](mailto:lmsternphd@aol.com)

OR

Sydney Towne, Esq.  
Chair, Membership Committee  
561-447-2274  
[sat@gwpa.com](mailto:sat@gwpa.com)

CFLI Rules and Regulations are available online at [www.collaborativefamlaw.com](http://www.collaborativefamlaw.com)

**I HAVE READ THE CFLI MEMBERSHIP RULES AND REGULATIONS:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

[www.collaborativefamlaw.com](http://www.collaborativefamlaw.com)