



Collaborative Family Law Group of Northeast Florida, Inc.

ATTORNEY MEMBERSHIP APPLICATION

Print Name: _____

Firm: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Firm Website: _____

Counties of Practice: _____

I understand that, to become and remain a member of Collaborative Family Law Group of Northeast Florida, Inc., I shall:

- Remain licensed to practice law in Florida and in good standing with the State Bar of Florida.
- Adhere to the principles and guidelines of collaborative family law as prescribed by Collaborative Family Law Group of Northeast Florida, Inc.
- Complete an approved collaborative law training session within one year of membership.
(Can be waived by Board if previously held membership in another Collaborative Group or demonstrate other reasons why this should not be required.)
- Participate in continuing legal education as required by Collaborative Family Law Group of Northeast Florida, Inc.
- Maintain membership in the Family Law Section of the Florida Bar or in the Family Law Section of the county in which I practice law.
- Pay annual membership dues as required (currently \$200.00).
- Apply principles of collaborative law in applicable cases.
- Devote at least 50 % of practice to family and marital law.

Please send check payable to: **Collaborative Family Law Group of Northeast Florida, Inc.** with this form to the following address:

c/o Laura Giovannetti, Esquire
6817 Southpoint Parkway, Suite 403
Jacksonville, FL 32216

Signed: _____ Date: _____

State Bar No.: _____ Annual Dues Enclosed: \$ _____