



Alliance of Divorce Professionals (ADP)

APPLICATION FOR MEMBERSHIP

Membership Dues \$150.00 annually

Membership is contingent upon review of Application.

CATEGORY FOR WHICH APPLYING: ATTORNEY MEDIATOR MENTAL HEALTH PROFESSIONAL
 DOCUMENT PREPARER FINANCIAL PROFESSIONAL OTHER _____

1. Name: _____ Company: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Telephone: Day _____ Evening _____

5. Fax: _____ E-mail _____

(Attach separate sheet for additional space.)

6. Education: _____

7. Licenses Held: _____

8. Year licensed? _____ In what year did you start practicing? _____
What percentage of your practice is currently focused on matrimonial or family issues? _____

9. Have you received any training in mediation, and/or continuing education courses in divorce therapy or family law?
Please give specific courses. _____

10. Please give a brief history of your career for the last 5 years. _____

11. Please list professional organizations, association memberships and activities: _____

12. Are you aware of any disciplinary proceedings or grievances against you with any disciplinary authority (current or historical)? If so, please furnish the details: _____

I hereby apply for membership in the **Alliance of Divorce Professionals (ADP)**, and represent that I am a licensed professional in good standing and that I am familiar with and support the goals, purposes and philosophy of the ADP.

Signature: _____

Date: _____

Mail your completed application, check for \$150 payable to Alliance of Divorce Professionals, a copy of your professional license or bar card, and malpractice insurance to:

Jolene Dashut
Membership Chair
13273 Ventura Blvd., #101
Studio City, CA 91604
818 784-8844

Law4less@CADivorceCouncil.com

Please attach or email a 200 word or less biography of yourself, and email digital professional photo of yourself.

10/22/10