

Application To Join The

Howard County Collaborative Professionals

I hereby apply for membership in the Howard County Collaborative Professionals, Inc. (HCCP)

PLEASE PRINT THE FOLLOWING:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Facsimile \_\_\_\_\_

E-mail Address \_\_\_\_\_

Three counties in which you practice the most \_\_\_\_\_

Profession \_\_\_\_\_

Number of Years in Practice \_\_\_\_\_

Mediation Training (When/Hours/Type) \_\_\_\_\_

Provide details of your Collaborative Law training (include dates, location, sponsor and trainers/presenters) and attach copies of any certificates received from your training: \_\_\_\_\_

I am a member of the following collaborative practice groups (IACP, MCLA, HCCP, CDRP, MCPC, etc.) and professional practice groups: \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge, information and belief, and I agree that I will:

- A. Comply with all rules and procedures of the HCCP;
- B. Pay annual dues required for membership in the HCCP. We run on a calendar year.  
 Membership Dues for one year are \$130.00 or join for two years for \$240.00;  
 (If you join after July 1 in the calendar year, the dues for the remainder of the year are \$65.00.);

- C. Complete a minimum 2-day basic training in Collaborative Practice which meets the standards set forth by the IACP;
- D. Attend other educational/seminars on Collaborative Practice during the year;
- E. Remain a member in good standing in the professional organization appropriate to my profession, and will provide proof of my status, when requested.

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Date

Signature

**We encourage you to become involved by working with a committee.**

I am interested in serving on the following committees:

- \_\_\_\_\_ Standards of Practice/Ethics (Forms/documents/protocols for collaborative)
- \_\_\_\_\_ Membership (Recruitment/standards, benefits and levels of membership, maintain current membership list, social events)
- \_\_\_\_\_ Education/Training (Monthly meetings, speakers, mentoring, seminars, and training)
- \_\_\_\_\_ Community Liaison/Outreach (Outreach to professional community – bench/bar; mental health professionals and financial persons, open houses)
- \_\_\_\_\_ Communications (Public relations, articles, speakers’ bureau, website, promotion of collaborative practice in the community)
- \_\_\_\_\_ Financial (Budget, fundraising, grant writing, data collection)

Please make checks payable to: **HCCP** and return completed Application and check to:

HCCP, Inc.  
 c/o Jac E. Knust  
 3440 Ellicott Center Drive, Suite 103  
 Box 1542  
 Ellicott City, Maryland 21041  
 Tel: 410-465-8900  
 Fax: 443-638-2486