



ANNUAL RENEWAL OF AFFILIATION

Name _____	Phone _____
Address _____	Fax _____
_____	E-mail _____
_____	Website _____

Renewal of Affiliation as NHCLA Member

Field of Accreditation: Legal Mental Health Financial

I currently participate or am available to participate in collaborative dispute resolution in the following practice areas:

- | | |
|---|---|
| <input type="checkbox"/> Divorce and after divorce | <input type="checkbox"/> Landlord/Tenant |
| <input type="checkbox"/> Parental Rights and Responsibilities | <input type="checkbox"/> Employer/employee |
| <input type="checkbox"/> Guardianships | <input type="checkbox"/> Business to Business |
| <input type="checkbox"/> Estates and Probate | <input type="checkbox"/> Other _____ |

My dues (\$100 per year) are enclosed for the period of January 1, 20__ through December 31, 20__.

I certify that I continue to meet the requirements for NHCLA membership as follows:

- Current active professional status in my field of accreditation
- Support for the principles of Collaborative Practice
- No disciplinary action by regulatory or certifying entity in my field of practice
- Continued availability to provide Collaborative Practice services
- Fulfillment of minimum continuing education requirements (6 credits every 2 years). ***If continuing education requirements have been fulfilled outside of NHCLA sponsored events, please attach documentation and list below.***

Signature: _____ Date: _____

Please mail your completed renewal form and your dues to
NH Collaborative Law Alliance
P.O. Box 803
Londonderry, NH 03053