

**APPLICATION FOR AFFILIATION AS A NHCLA MEMBER
FINANCIAL NEUTRAL**

**Before completing application please see NHCLA minimum standards at
www.collaborativelawnh.com**

SECTION 1: CONTACT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

WEBSITE: _____

SECTION 2: MEMBER APPLICATION

Member requirements:

- Accreditation to practice in one of the certifications below;
- Support for the principles of Collaborative Practice;
- Completion of a minimum level of training in Collaborative Practice (12 hours of interdisciplinary Collaborative training);
- A history for maintaining high ethical standards;
- No disciplinary history;
- Intent to be available to provide Collaborative Practice services;
- Compliance with continuing education standards
- Payment of annual dues (\$100).

If you don't meet membership requirements please consider joining as a "Supporter"

Information about your professional accreditation:

Financial professionals must hold one of the following designations (circle all that apply):

CFP CPA CMA ChFC PFS

Other Certification(s): _____

Is your firm an RIA or a BD? _____ If an RIA: what states are you registered in? _____

Firm CRD #: _____ Your CRD #: _____

Briefly describe your background experience in the field of financial planning and divorce planning:

Information about your training:

Date, location and sponsoring organization of your training in Collaborative dispute resolution:

If this training was not sponsored by NHCLA please attach a copy of your certificate of attendance.

Information about your practice of Collaborative dispute resolution:

How will you be compensated for your work in a collaborative divorce case?

Initial below to indicate your understanding of the following requirements for work as a financial neutral:

___ I will not attempt to sell any investment, insurance or other product to either party in a collaborative divorce case;

___ I will not solicit a party in a collaborative divorce case for engagement of financial planning or investment management after completion of my work as a financial neutral*;

___ I will not work with a party who solicits me for engagement of financial planning or investment management if I have provided services to that party as a financial neutral*

*Transitional planning is allowed

Disciplinary history: initial below

___ I certify that no disciplinary action has been taken against me within the past 5 years by a professional regulatory or certifying organization in any jurisdiction.

I certify that the information contained herein is true and accurate.

Date: _____

Signature: _____

Please mail your application along with your check for \$100, payable to NH Collaborative Law Alliance, to:
CLANH, PO Box 803, Londonderry, NH 03053.

Thank you!