

# **NHCLA Supporter Application/Renewal Form**

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

### ***Application as NHCLA Supporter***

Applicants for supporter status, please check here  and complete your application by providing references and certification as requested below.

What is your interest in becoming a supporter of NHCLA? \_\_\_\_\_

#### Supporter Requirements:

- Support for the principles of Collaborative Practice
- Supporters may be individuals, corporations, or other organizations.
- Recommendation of a current member of NHCLA
- Annual dues of \$20

#### Recommendation & Certification:

Name and contact information of the NHCLA member recommending you for supporter status:

Member Name	Address	Phone Number
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*I certify that I meet the requirements of a NHCLA Supporter Member.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Renewal of Affiliation as NHCLA Supporter***

*I certify that I am a current NHCLA Supporter, and continue to support the Principles of Collaborative Practice.*

My annual dues (\$20 per year) are enclosed for the year, 20\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail your completed application or renewal form, along with a check for your dues.

*NH Collaborative Law Alliance  
P.O. Box 803  
Londonderry, NH 03053*