

CDNH Supporter Application/Renewal Form

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

Application as CDNH 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 CDNH? _____

Supporter Requirements:

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

Recommendation & Certification:

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

Member Name _____ Address _____ Phone Number _____

I certify that I meet the requirements of a CDNH Supporter Member.

Signature: _____ Date: _____

Renewal of Affiliation as CDNH Supporter

I certify that I am a current CDNH 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.

*Collaborative Divorce NH
P.O. Box 803
Londonderry, NH 03053*