

OKLAHOMA ACADEMY OF COLLABORATIVE PROFESSIONALS

NAME: _____ FIRM: _____

PROFESSIONAL LICENSE NO: _____ EMAIL: _____

ADDRESS: _____

PHONE: _____ FAX : _____

I certify that I am a member in good standing of my Professional Board _____.
(Name of Board)

I meet the qualifications to be: _____ Attorney _____ Financial Planner _____ Coach

_____ I am currently covered by liability insurance

_____ I have attended a 40 hour Basic Mediation Course

_____ I have attended a Basic Course in Collaborative Law (2 day minimum)

I understand that to become and remain a member of the Oklahoma Academy of Collaborative Professionals, I shall:

- Maintain Professional Liability Insurance;
- Pay an initial membership fee of \$200;
- Pay annual membership renewal fee of \$150 due by January 31st of each year;
- Adhere to the principles and guidelines of Collaborative Law as adopted by OACP and incorporated herein with this Application including payment of assessment fees;
- Participate in continuing legal education as required by OACP; and
- Strictly adhere to the guidelines and principles of the Participation Agreement.

I further agree that should I fail to meet the above criteria, such non compliance constitutes sufficient cause to remove my name from the membership roster of Oklahoma Academy of Collaborative Professionals.

SIGNATURE OF APPLICANT: _____ DATE: _____

(Mail application with \$200 initial membership fee to OACP at PO Box 14502 Tulsa, OK 74159)