

**COLLABORATIVE LAW ASSOCIATION OF
SOUTHWESTERN PENNSYLVANIA
MEMBERSHIP AGREEMENT**

I, _____, hereby agree to become a member of the Collaborative Law Association of Southwestern Pennsylvania (CLASP) for calendar year _____. I understand that my membership is subject to the terms and conditions set forth in this Agreement and such other terms and conditions as may hereafter be adopted by CLASP.

1. I certify that I have met, or will meet as indicated, the following mandatory criteria for membership in CLASP:

A. Please initial the appropriate statement:

_____ I am an attorney and member of the Pennsylvania Bar in good standing and I will maintain such membership and standing.

_____ I am a licensed mental health professional or certified coach in good standing in Pennsylvania and will maintain such certification, license and standing.

_____ I am a financial professional with a license or designation in good standing in one of the following:
CFP – Certified Financial Planner
CPA – Certified Public Accountant
CMA – Certified Management Accountant
ChFC – Chartered Financial Consultant
CDFA – Certified Divorce Financial Analyst (or equivalent in Pennsylvania)

B. Prior to my initial application for membership in CLASP, I successfully completed twelve (12) hours of basic training in Collaborative Practice. The basic training or trainings were conducted by a trainer or trainers who meet the “Minimum Standards for Collaborative Trainers” recommended by the International Academy of Collaborative Professionals (IACP). Such standards for basic training and for such trainers can be viewed at the IACP website which is www.collaborativepractice.com.

C. I will maintain membership in the IACP while I am a member of CLASP.

D. I have completed or will complete on or before December 31st of the year following the first full calendar year I am a member of CLASP, the mandatory minimum thirty (30) hours of mediation training in client-centered, facilitative

conflict resolution of the kind typically taught in mediation training (interest-based, narrative or transformative mediation programs). This means that if I join in November, for example, I will have a little more than two years to obtain this mandatory mediation training.

E. Also, I understand that the amount of additional mediation training recommended by the IACP minimum standards for professionals is as follows:

An accumulation or aggregate of fifteen (15) further hours of training to be completed within two (2) years following completion of the thirty (30) hour mediation training in (D) above, in any of the following areas:

- Interest-based negotiation training*
- Communications skills training*
- Collaborative training beyond the minimum twelve hours of initial training*
- Advanced mediation training*
- Basic professional coach training*

F. Please initial the appropriate membership category and statement:

(i). I am a

- _____ New Member
- _____ First Full Year Renewing Member
- _____ Renewing Member

(NOTE: COMPLETE SECTION ii, iii, iv only if a new member or if information has changed from prior membership agreement)

(ii). _____ I have completed the required collaborative training which occurred on _____ in the city of _____. My trainer was _____.

(iii). _____ I have completed the mandatory thirty (30) hours of mediation training. My mediation training was conducted by _____ on _____ in the city of _____.

(iv). _____ I have not yet completed the required mediation training, however, I will complete this requirement by December 31st of the year following my first full calendar year of membership in CLASP, and I will notify the Chair of the Membership Committee as soon as my training is complete.

G. I have malpractice/liability insurance coverage in the minimum amount of \$100,000 (per person) and \$300,000 (per incident) and agree that I will continuously maintain such minimum coverage throughout the course of my membership in CLASP.

2. I understand that the following criteria are for all members of CLASP:

A. Recommended: Continuing education in mediation and collaborative practice including interdisciplinary training.

B. Required: Attendance at a minimum of **six (6) hours** of committee meetings and/or activities of **CLASP and/or the IACP and/or approved regional meetings¹** each year and certified annually to the membership committee.

(i) _____ I am a renewing member and hereby certify that I attended at least **six (6) hours of committee meetings and activities of CLASP and/or the IACP and/or approved regional meetings in the last calendar year.**

(ii) _____ I am a renewing member and hereby certify that I did not attend at least **six (6) hours of committee meetings and activities of CLASP and/or the IACP and/or approved regional meetings in the last calendar year.**

3. I have read the CLASP By-Laws and I understand and agree to abide by the terms set forth in the By-Laws regarding, among other things, participation in **CLASP and other business meetings, activities, or events.**

4. I acknowledge that CLASP has adopted the following additional conditions to maintain membership in good standing in CLASP and I agree that I will comply with each of these conditions:

A. All of my collaborative family cases with other members of CLASP will be conducted in accordance with all rules and protocols of CLASP as may be adopted from time to time including, without limitation, use of the CLASP “Collaborative Law Participation Agreement” and other forms developed and adopted by the CLASP for use in collaborative cases.

B. Payment of all fees as set forth in the CLASP By-Laws including the initiation fee and annual dues.

¹ “Approved regional meetings” are meetings or book review events which are conducted outside downtown Pittsburgh, which involve at least three CLASP members, and which are described (date, time, place, purpose of meeting) at least two weeks in advance by email to the chair of the CLASP Education Committee, who will notify the general membership by email in case any other CLASP member wants to attend.

C. Payment of any additional assessment fees during any calendar year as assessed in accordance with the CLASP By-Laws within thirty (30) days of receiving notice of the assessment.

5. I acknowledge that my membership in CLASP must be renewed each calendar year no later than January 31st by paying annual dues and signing a new membership agreement and that my current membership ends in December 31 of this year.

6. I agree that I will hold myself out as a member of the CLASP only while my membership is in good standing.

7. I understand that I may terminate my membership in CLASP by notification of such in writing to the chair of the Membership Committee and that upon such termination my name will be removed from the CLASP member list, brochure, website and any other IACP or CLASP marketing or education materials.

8. I acknowledge that my membership in CLASP will be terminated or suspended by CLASP, upon recommendation of the Membership Committee, if I fail to meet the criteria or conditions for membership as set forth in this Agreement or as hereafter adopted by CLASP. If my membership is terminated or suspended by CLASP, my name will be removed from CLASP member list, brochure, website and any other CLASP marketing or education materials including the CLASP listing, if any, on the IACP website.

9. I agree to notify the Chair of the Membership Committee of CLASP within seven (7) days of any change in my professional address, telephone numbers, or email address.

10. I agree that any dispute related to my membership shall be submitted to the Membership Committee for resolution in accordance with guidelines and procedures adopted by CLASP.

By signing this Membership Agreement, I certify that the statements made herein are true and correct and I understand that I am legally bound by them.

Dated: _____

Signature of member

ATTACHED IS MY CONTACT INFORMATION WHICH I UNDERSTAND WILL BE PUBLISHED ON THE CLASP WEBSITE AS SOON AS REASONABLY POSSIBLE.