

## Arizona Collaborative Colleagues 2012/2013 Membership Application

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Business Name</b>		
<b>Business Street Address</b>		<b>Suite</b>
<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Phone</b>	<b>Email Address</b>	
<b>Website URL</b>		
<b>Professional Degree</b>		<b>Licensing Designation</b>
<b>Years in Practice</b>		<b>Years in Collaborative Practice</b>
<b>Collaborative Law Training Date and Provider</b>		
<b>Additional Relevant Training Date and Provider(s)</b>		
<b>Advanced Degrees or Designations</b>		
<b>Referred By</b>		
<b>Member Category</b>		
<p>(Circle One) Professional or Collaborative Mediator (\$175/year; \$15/mo)</p> <p style="margin-left: 40px;">Student (\$12/year)                      Judiciary (Complimentary)</p> <p>(Check All That Apply) _____ Attorney    _____ Mental Health    _____ Financial Advisor</p> <p style="margin-left: 80px;">_____ Child Specialist    _____ Collaborative Mediator</p> <p style="margin-left: 80px;">_____ Yes, include my information on the group website!</p>		
<b>Payment Method:</b>		
<input type="checkbox"/> Check (Enclosed) <input type="checkbox"/> Cash (Enclosed) <input type="checkbox"/> Credit Card (Authorization Attached)		

EMAIL YOUR COMPLETED APPLICATION TO [Pamela@donisonlaw.com](mailto:Pamela@donisonlaw.com)  
or  
FAX YOUR COMPLETED APPLICATION TO 480-951-6591

# ARIZONA COLLABORATIVE COLLEAGUES 2012/2013 Member Dues Payment

## Credit Card Authorization

Member Name: \_\_\_\_\_

By my signature below, Arizona Collaborative Colleagues is authorized to charge my credit card

**one payment of \$**\_\_\_\_\_

**OR**  **monthly payments of \$**\_\_\_\_\_ **per month**  
for my 2012 Membership Dues in Arizona Collaborative Colleagues.

I understand that the transaction will appear on my credit card as "Donison Law Firm" as a matter of administrative convenience, but that all charges are related to my membership in Arizona Collaborative Colleagues.

Name of Cardholder (as it appears on card):

\_\_\_\_\_

Card Type: (Circle One)    Discover    Visa    MasterCard    American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_    Verification Code: \_\_\_\_\_

Cardholder's Billing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Cardholder signature

\_\_\_\_\_  
Date

**EMAIL YOUR COMPLETED APPLICATION TO [Pamela@donisonlaw.com](mailto:Pamela@donisonlaw.com)**  
**or**  
**FAX YOUR COMPLETED APPLICATION TO 480-951-6591**