

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 agree to join the Oklahoma Bar Association Family Law Section

I understand that if I have not completed all four of the above requirements, I am required to do so within one (1) year of my initial membership enrollment date, and that until I have notified the OACP in writing that all of the requirements are met, I am a provisional member; and cannot vote.

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 when due 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.
- Join the OBA Family Law Section and maintain an annual membership (cost is \$25 per year);

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)**