



2020-2021 NEW MEMBER APPLICATION

Full Name:.....
Firm/Office & Address:.....
.....
Zip code: City:State:.....
Phone:
email.....

Please indicate the categories in which you are seeking membership:

Legal

Attorney (Practice Area: Family Law)
 Attorney (Practice Area: Will & Estate Planning)

Georgia Bar Number: _____

Years in practice: _____ Years dedicated to Family Law and/or Estate Planning: _____

Alternate Dispute Resolution

Mediator
 Arbitrator
 Parent Coordinator

For each category selected above, please detail the training received, the institution administering the training and the year received. Attach any additional information as necessary: _____

For each category, what percentage of your work is dedicated to family law? _____

Mental Health

Mental Health Professional
Years in practice: _____ . Years since licensure: _____
Identify any license held and the licensing authority (attach any necessary information): _____

Financial

- Certified Public Accountant
- Financial Advisor/Planner/Analyst/Wealth Manager
- Certified Divorce Financial Professional
- Other (specify) _____
- Bank Professional
- Business Valuator
- Insurance Agent (specializing in Health & Life Insurance)
- Insurance Agent (Specializing in Property & casualty)
- Other

Mortgage & Real Estate

- Mortgage Lender
- Certified Divorce Lending Professional
- Real Estate Agent/Broker
- Property Appraiser
- Other _____

Coaching

- Divorce Coach
- Life Coach
- Career Coach
- Image Coach

Wellness

- Nutrition
- Fitness
- Massage/Spa
- Yoga/Meditation
- Professional Organizer
- Other

Please make sure you do the following with this application:

- 1) For each category you have selected, please provide a list of your degree received, license held or training taken being sure to indicate the year of each and whether any licenses are current. Attaching a resume which provides this information is acceptable.
- 2) Have you ever received a private or public reprimand or sanction from the State Bar of Georgia or any other State Bar, any licensing authority, had a license suspended or been sued for legal malpractice? If yes, please attach a statement of explanation.
- 3) Do you have minimum billing requirements associated with any category for which you seek membership? _____ If yes, please note it may be required for your direct supervisor to approve your membership as the amicable process focuses on cost effective processes for clients.
- 4) Please provide a list of 3 professional references by providing their name, company, contact information including email and relationship to you. References should be those that can attest that you would be a good fit for this organization.

MEMBERSHIP COUNTIES

Amicable Divorce Network is currently operating in the Georgia counties listed below but will expand. Please select the counties you will choose with your membership. Please note different membership levels allow for different numbers of counties.

<input type="checkbox"/> Barrow	<input type="checkbox"/> Dawson	<input type="checkbox"/> Cherokee
<input type="checkbox"/> Cobb	<input type="checkbox"/> DeKalb	<input type="checkbox"/> Forsyth
<input type="checkbox"/> Fulton	<input type="checkbox"/> Gwinnett	<input type="checkbox"/> Hall
<input type="checkbox"/> Jackson	<input type="checkbox"/> Lumpkin	<input type="checkbox"/> Paulding
<input type="checkbox"/> Pickens	<input type="checkbox"/> Walton	<input type="checkbox"/> (other) _____ (list)

Membership is limited per category and geographic location. If either is full upon your application approval you will be notified.

MEMBERSHIP TERMS & CONDITIONS

Memberships extend to the individual ONLY can cannot be transferred. If an individual leaves a firm, company or business which paid for their membership, the membership goes with the individual and is not owned or transferrable by the payor.

Applicants are representing to the Amicable Divorce Network that they are have the proper education, training and licensure as dictated by the Amicable Divorce Network for the categories they are applying for membership. Applicants are representing they are in good standing with all licensing authorities applicable to their profession. It is the responsibility of the member to notify the Amicable Divorce Network of any professional discipline or licensure changes which may occur during their application process or membership.

By signing below, you agree to all terms and conditions in this application and to adhere to same throughout their term of application and membership.

Signed this _____ day of _____, 2020.

Print Name: _____

Completed applications and accompanying documents should be emailed to amicabledivorcenet@gmail.com or mailed to:

Amicable Divorce Network
213 Kelly Mill Rd.
Cumming, GA 30040