Collaborative Divorce San Antonio

Annual Membership Application

Information for your profile on the	e CDSA website:
Name:	
Firm/Company:	
Address:	
Office phone:	
Office fax:	
Email address:	that we not post your email address? Do not post.)
Website address:	
Please indicate type of professio	nal: Attorney Mental Health Sponsor Member**
	ained? If yes, please list any one collaborative training. ebsite that you have taken a collaborative training.
Course Name:	Year:
Have you been credentialed by C credentialing on the CDSA webs	Collaborative Divorce Texas? If yes, we will indicate ite.
Credentialed	redentialed
Membership dues are \$50.00.	
Please make your check payable	e to CDSA.
Mail application and check to:	Collaborative Divorce San Antonio c/o Rebecca H. Lorenz Lorenz Analytics, PLLC 400 N. Loop 1604 East, Suite 330 San Antonio, Texas 78232

^{**}Sponsor Members are professionals other than attorneys, financial professionals or mental health professionals that also do not qualify for collaborative credentials, but who wish to support the efforts of CDSA, its members and its mission.