

# MEMBERSHIP APPLICATION

COLLABORATIVE PROFESSIONALS GROUP OF SOUTHEAST LOUISIANA, LLC

2006 Membership Year—Renewing Members Only

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

Attorney       Coach       Child Specialist       Financial Specialist

Employer / Firm Name: \_\_\_\_\_

1<sup>st</sup> Office Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Facsimile: (    ) \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

2<sup>nd</sup> Office Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: (    ) \_\_\_\_\_ Facsimile: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

License(s) and/or Certification(s) with corresponding numbers: \_\_\_\_\_

**Professional Liability Insurance** Do you carry professional liability? \_\_\_\_\_

What is the name of your carrier? \_\_\_\_\_

What amount of coverage do you carry? \_\_\_\_\_

*Please attach documentation (declaration page or proof of policy).*

**I hereby certify the information provided above is complete and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
**Member / Applicant Signature**

\_\_\_\_\_  
**Date**

Please forward completed Membership Application and **completed IACP application** to J. Chris Barrilleaux, LCSW ~ P. O. Box 772 ~ Thibodaux, LA 70302-0772. Direct questions to Chris @ [JCBarrilleaux@aol.com](mailto:JCBarrilleaux@aol.com) or call toll free @ 888-447-2006. CPGSEL dues are \$100 & IACP dues to renewing members with Katrina discount for this year only is \$45.