



**MyCollaborativeTeam.com**<sup>®</sup>

Enlightening the World About Collaborative Divorce

## **My Collaborative Team Application Form**

Name:

Credentials:

Practice Group:

Primary Number (Office or Cell):

Email:

Primary Address:

Secondary Address (each address listing after primary is additional \$25 per year):

Bar # (lawyers only):

Biography (place url for bio here or attach full bio to bottom of application):

Make sure to also attach a head shot to your application. If you have any original blogs you would like featured, attach to application.

Return application and attachments to [ed@mycollaborativeteam.com](mailto:ed@mycollaborativeteam.com) and mail check to: My Collaborative Team 20533 Biscayne Blvd. Suite 4-224 Aventura, Fl. 33180

## **My Collaborative Team – Billing Authorization**

I \_\_\_\_\_ of \_\_\_\_\_ hereby authorize My Collaborative Team to charge my credit card **for one year membership.**

### Billing Information & Authorization

Your Name:

Company Name:

Billing Address:

City: \_\_\_\_\_ State, ZIP:

Credit Card Number:

Exp:

CCV:

[ ] Yes, I am authorized to use this card for the agreed upon services.

Authorized Signature:

Date:

Thank you,  
My Collaborative Team