

CAB
COLLABORATIVE ASSOCIATION OF BREVARD
MEMBERSHIP APPLICATION
(ANCILLARY PROFESSIONALS)

Member Information:

Name: _____ **Profession:** _____

Business Name: _____

Business Address: _____

Phone No: _____ **Fax No:** _____

Email: _____ **Web Site:** _____

Profession: _____ **Length of Time in Practice:** _____

Agreement: I hereby apply for membership in the Collaborative Association of Brevard, Inc. (CAB). I hereby represent that I am familiar with and support the goals, purposes and philosophy of CAB as set forth in the Description of Collaborative Practice, and when accepted to membership, I agree to abide by its By-Laws, as well as rules and regulations promulgated by its Board of Directors including rules of conduct for members of the Collaborative Association of Brevard.

I understand the requirements of membership include: attending a minimum of two activities related to collaborative practice per calendar year, and submitting my annual renewal affidavit along with my annual dues and proof of licensure (if required by my profession) each year. If there is any change in my licensure status, I shall notify CAB within 15 business day of such change. Attendance in on going Collaborative Training sessions is optional for Ancillary Professionals.

Dated: _____

Signed by: _____

Fees and Payment: Annual fees for 2006-2007 Ancillary members are **\$125.00**. Payment may be made by cash, check, or money order payable to CAB, Inc.

Send payment with your application to Collaborative Association of Brevard, 7630 N. Wickham Rd., Suite 102, Melbourne, FL 32940.

To pay by credit card circle one: Visa, MasterCard, American Express, Discover Card.

Card No: _____ Exp. Date: _____

Security Code: _____ (last three digits on back of signature strip),

Name as it appears on card: _____

Billing address: _____

Billing phone no: _____

Signature: _____ Date: _____