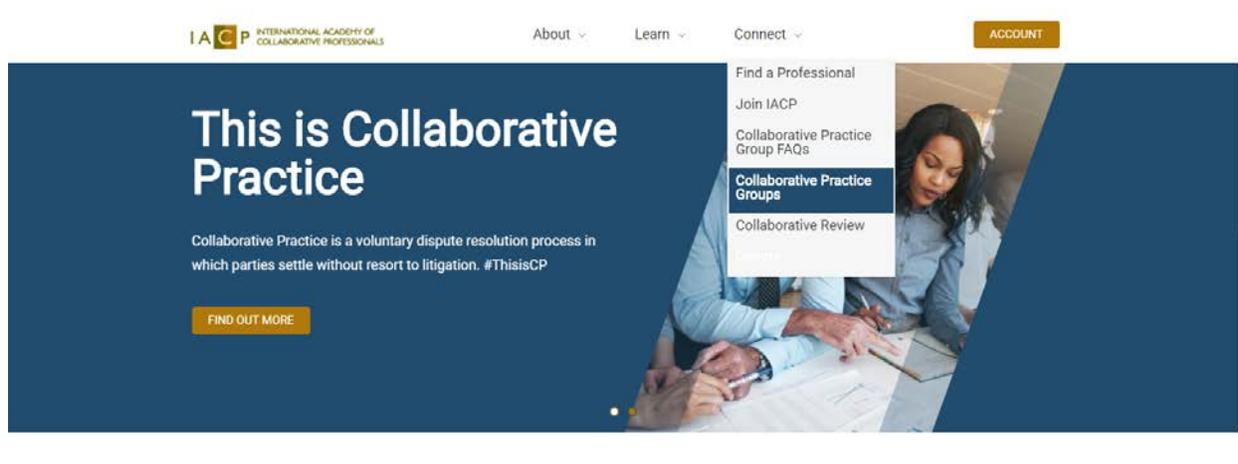
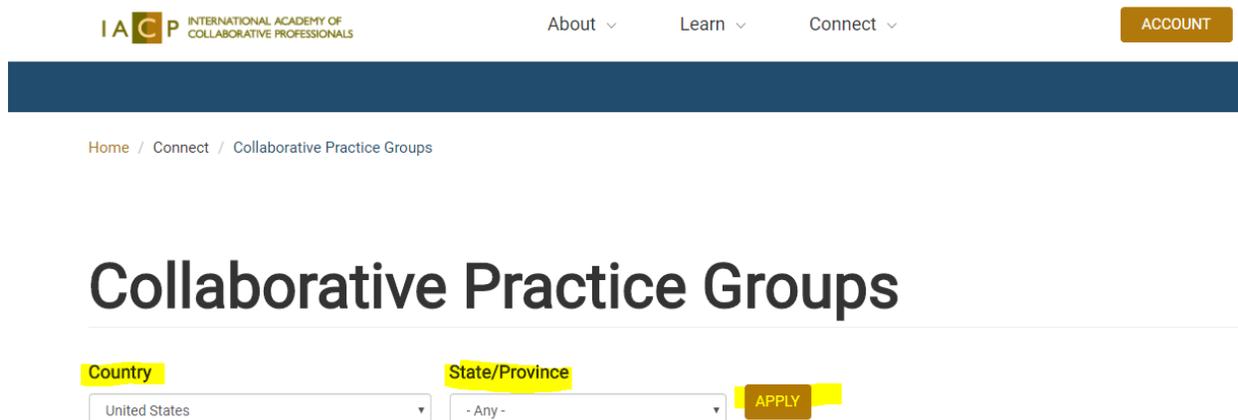


## LOCATING YOUR PRACTICE GROUP

From the home page, click on “Connect”, then select “Collaborative Practice Groups”.



Enter the Country and State/Province info and click “Apply”



A list of Practice Groups will populate.

*\*If you do not see the Practice Group you are looking for, please contact [info@collaborativepractice.com](mailto:info@collaborativepractice.com) as you may need to update your Practice Group information.*

# Collaborative Practice Groups

---

Country  State/Province

## **Pasadena Collaborative Divorce**

Pasadena, California, United States

## **Collaborative Practice San Francisco**

San Francisco, California, United States

## **Central Valley Collaborative Law Affiliates**

Fresno, California, United States

Click on the name of the Practice Group you wish to review.

# Collaborative Practice Groups

---

Country  State/Province

## **Pasadena Collaborative Divorce**

Pasadena, California, United States

## **Collaborative Practice San Francisco**

San Francisco, California, United States

## **Central Valley Collaborative Law Affiliates**

Fresno, California, United States

The Practice Group general information and a list of current members with links to their individual profiles will populate.

*Whole Group Administrators: you can copy and paste members' names into a doc or spreadsheet for verification purposes, see "Whole Group Annual Verification Process below".*

# Pasadena Collaborative Divorce

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Fitzgerald & Green

California

91106

United States

[Christine Kerian](#)

Lawyer, Mediator

[Sterling Myers](#)

Lawyer

[James Walton](#)

Mental Health Professional, Mediator

[Joann Myers](#)

Mental Health Professional

[Mary Ann Aronsohn](#)

Mental Health Professional

[Jami Fosgate](#)

Lawyer, Mediator

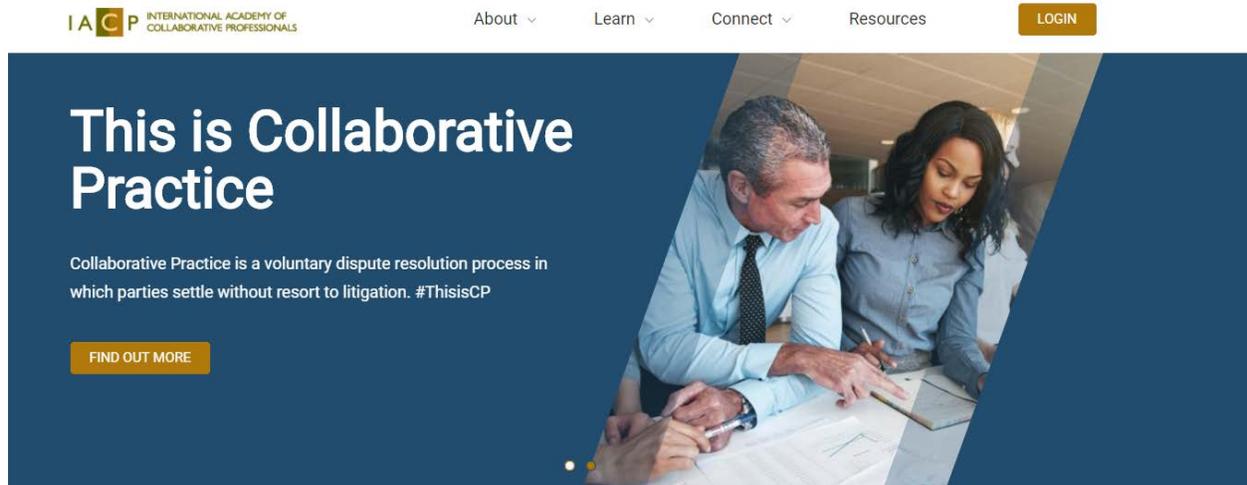
[Charlotte Reith](#)

Financial Professional

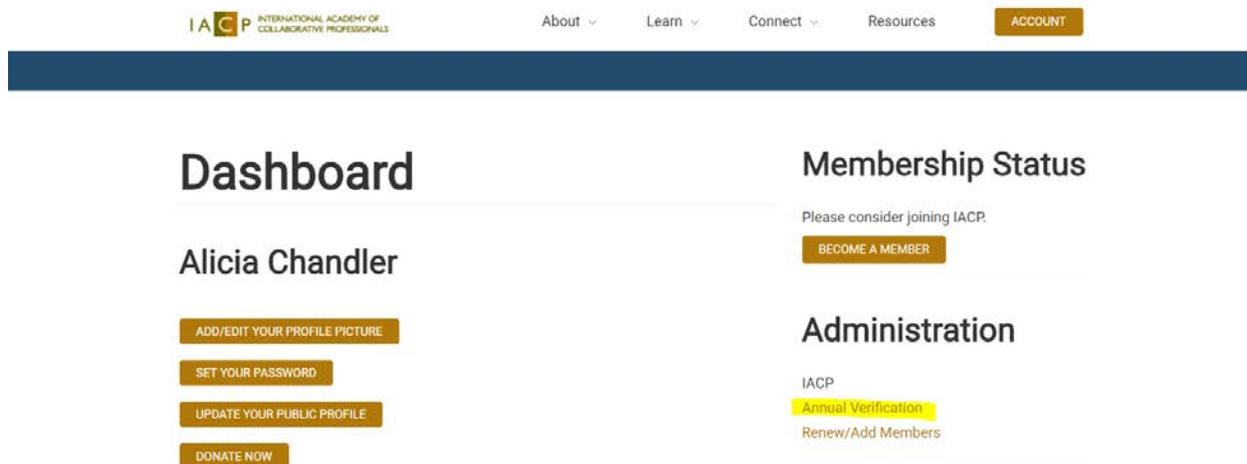
## WHOLE GROUP ANNUAL VERIFICATION PROCESS

Whole Group Administrators can login to the IACP website:  
[collaborativepractice.com](http://collaborativepractice.com)

*Whole Group administrators can contact [info@collaborativepractice.com](mailto:info@collaborativepractice.com) to be added as a contact for a Whole Group which will allow Whole Group administrators to verify and renew their members' IACP membership status.*



Once you are logged in, on the right side of your dashboard page, you can click the link under “Administration” labeled “Annual Verification”



On the Whole Group Annual Verification page, you will select the Whole Group Name from the drop down.

*\*Please note, this is for Whole Groups only and not Practice Groups.*

## Whole Group Annual Verification

Welcome alicia@collaborativepractice.com. ([Not alicia@collaborativepractice.com, or want to do this for a different person?](#))

The "Whole Group" designation requires that all practioners in your group be members of IACP. This qualifies your members for a discount on their yearly IACP membership.

Membership \*

Verified for Whole Group Discount

Verification on Behalf of

Select an existing organization  Enter a new organization

Whole Group Name \*

Whole Group Organization ▾

You will be asked to verify your Whole Group's information to ensure it is appropriately reflected on the site.

Main Office Phone Line \*

General Email Inbox (i.e. info@) \*

info@wholegroupmember.c

Country \*

- select - ▾

Street Address \*

City \*

State/Province \*

ZIP/Postal Code \*

How many practitioners comprise your Whole Group? \*

How many of your Whole Group practitioners are IACP members? \*

*\*Please note, it is a requirement of Whole Group Participation that ALL members of your Whole Group maintain active participation in IACP, failure to comply with this agreement can result in loss of the Whole Group Member Discount to all of your Whole Group.*

Please provide a current roster of ALL of your practitioners. You may copy and paste them into the text box, or you can upload a file below. Excel file preferred, please.

Optional roster upload

No file chosen

Members' names \*

## Your Info as Contact Person for this Organization

---

First Name \*

Last Name \*

Email \*

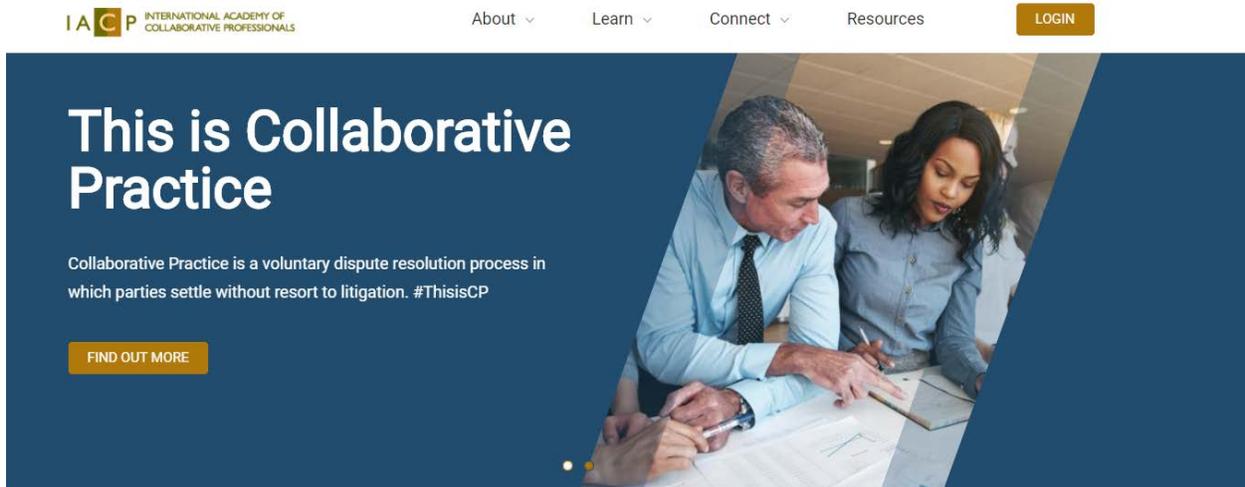
Job Title

SUBMIT

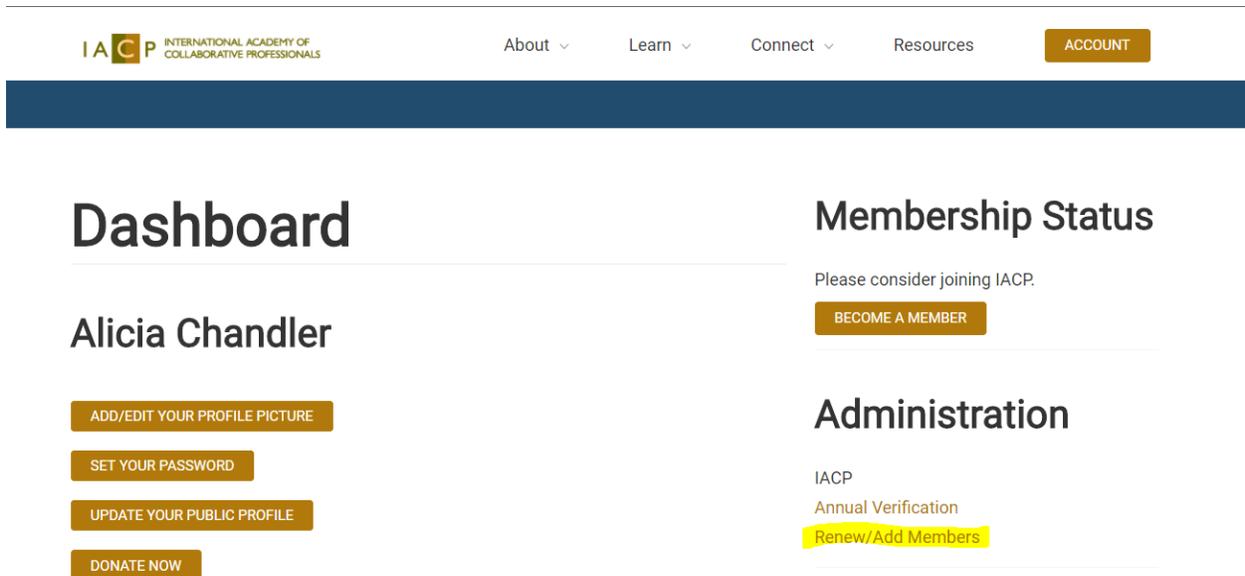
# WHOLE GROUP MEMBERSHIP RENEWAL PROCESS

Whole Group Administrators can login to the IACP website:  
collaborativepractice.com

*Whole Group administrators can contact [info@collaborativepractice.com](mailto:info@collaborativepractice.com) to be added as a contact for a Whole Group which will allow Whole Group administrators to verify and renew their members' IACP membership status.*



Once you are logged in, on the right side of your dashboard page, you can click the link under “Administration” labeled “Renew/Add Members”.



On the Whole Group Renewal Membership page, you will enter the NUMBER of members you are remitting payment for.

The site will calculate the amount for you.

## Whole Group Renewal Membership

Welcome alicia@collaborativepractice.com. ([Not alicia@collaborativepractice.com, or want to do this for a different person?](#))

Please type in the **NUMBER** of members you are paying for (not the dollar amount) \*

Total Amount

\$ 0.00

Once you have entered the NUMBER of members, you will verify the Whole Group you are renewing on behalf of.

### Renewing members for

Select an existing organization  Enter a new organization

Whole Group Name \*

Whole Group Organization ▼

Main Office Phone Line \*

City \*

Verify the names of the Whole Group members you are remitting payment for. Copy and paste their names into the text box, OR attach a file indicating ONLY the members you are remitting payment for.

*\*Please be sure to include email addresses for any NEW members you are adding. This will ensure account creation for those members.*

## Renewing Member Names

---

Member list file upload (Excel file preferred)

No file chosen

Enter 'see below' or 'n/a' if you are uploading a file

Member's names for this renewal \*

Select your preferred payment method.

For credit card payments:

## Credit Card Information

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Card Number \*

Security Code \*

Expiration Date \*

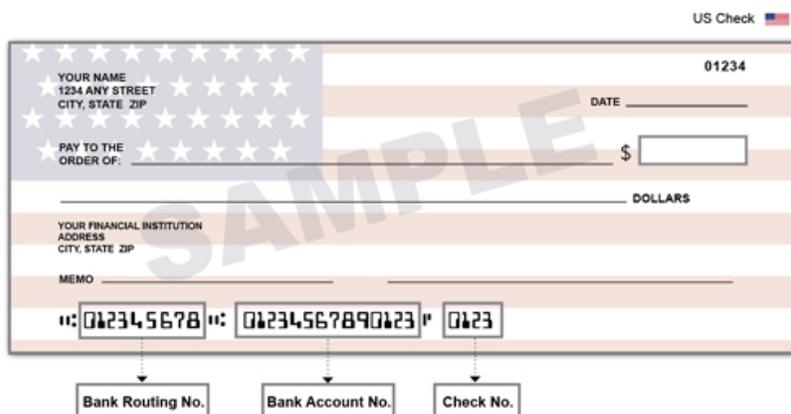
## For Online Check (ACH) payments:

*\*Please note: as of April 1st, 2018 IACP is transitioning to a paperless office. IACP will no longer accept payment via paper checks, and paper applications and payments will be returned to sender.*

### Direct Debit Information

---

*You can find your Bank Routing Number and Bank Account number by inspecting a check.*



Account type \*

Name of Account Holder \*

Bank Account Number \*

Bank Routing Number \*

Bank Name \*

Both Credit Card and Online Check (ACH) payments require the following Billing Name and Address Information:

### Billing Name and Address

---

Billing First Name \*

Billing Middle Name

Billing Last Name \*

Street Address \*

City \*

Country \*

State/Province \*

Postal Code \*

Verify your name and contact info and click “Submit” which will notify IACP to process the renewals and/or new members.

### Your Info as Contact Person for this Organization

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First Name \*

Last Name \*

Email \*

Job Title

**SUBMIT**