



Los Angeles Collaborative Family Law Association

LACFLA BOARD SERVICE  
EXPRESSION OF INTEREST FORM

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_

IACP Member? \_\_\_\_\_

\_\_\_\_\_

Please list community leadership roles: \_\_\_\_\_

\_\_\_\_\_

Other contributions to the collaborative movement: \_\_\_\_\_

\_\_\_\_\_

Committee Interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you believe you would offer to the organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return to: LACFLA, Past President & Treasurer, Warren Sacks, CPA

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