



General Affiliate Information & Application for Membership
www.CollaborativePracticeMI.org

Membership is open to attorneys, financial professionals, mediators, and mental health professionals who are certified in their professional organizations, have completed at least a two-day interdisciplinary training in collaborative practice, and can certify that they have malpractice coverage for collaborative practice.

Name: _____

☐ Please notify me regarding CPIM website listing

Profession: _____

Degree(s): _____

Professional license or certification number, including state: _____

County where office located: _____

Firm/Organization: _____

Practicing in counties of: _____

Address: _____

Office phone: _____

Email: _____

Office fax: _____

Website: _____

☐ 1. I certify that I have completed a two- or three-day Interdisciplinary Collaborative Practice Training. The training dates were _____, and the training was offered by _____.

☐ 2. I certify that I have current professional liability/malpractice insurance coverage.

☐ 3. I have attached to this document the following required items:

☐ Copy of my proof of current insurance;

☐ Copy of my certificate of completion of collaborative practice training; and

☐ Payment of \$140 for my annual dues. (This entitles you to membership in CPIM and the International Academy of Collaborative Professionals.)

☐ 4. I have completed the following further skills training (not required):

☐ 40-hour mediation training

☐ Two-day interest-based negotiation skills training

☐ Two-day communication skills training

☐ Other (please describe or attach certificate)

PAYMENT METHOD:

☐ Check (make payable to CPIM)

☐ Credit Card: ___ VISA ___ MasterCard ___ Discover

Card No.: _____

Exp. Date: _____

Name on Account: _____

Amount Charged: \$ _____

Signature: _____

Mail or fax application to:
COLLABORATIVE PRACTICE INSTITUTE OF MI
121 W. Washington St., Ste. 300
Ann Arbor, MI 48104
Fax: 734.994.1557
Phone: 734.994.3000