

# International Association of Collaborative Professionals & Collaborative Practice of Michigan Joint Membership Application



*Collaborative Practice Institute of Michigan 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 they have malpractice coverage. Membership in IACP is required for membership in CPIM and included in your Whole Group Membership fee.*

**New Member**       **Renewal**

## 1. MEMBERSHIP INFORMATION:

\_\_\_\_\_  
 First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
 Business/Firm Name

\_\_\_\_\_  
 Office Address     check here if same as billing address

\_\_\_\_\_  
 City                      State/Province                      Postal Code                      County

\_\_\_\_\_  
 Telephone    Fax

\_\_\_\_\_  
 Email (required)    Website

\_\_\_\_\_  
 Profession

Optional— Billing address:

\_\_\_\_\_  
 City                      State/Province                      Postal Code                      County

2.  I certify that I have completed a two- or three-day Interdisciplinary Collaborative Practice Training and have attached proof to this document.

3.  I certify that I have current professional liability/malpractice insurance coverage and have attached proof to this document

## 4. ADDITIONAL INFORMATION:

I prefer **not** to be included on a mailing list for vendors who provide products and services to the collaborative community.

## 5. MEMBERSHIP FEES:

I have included payment of \$150 for my annual dues. This entitles you to membership in both CPIM **and** the International Academy of Collaborative Professionals.

IACP Whole Group Membership.....\$100 USD  
 CPIM Membership.....\$50.00 USD

## 6. PAYMENT:

Check (make payable to CPIM)

Credit Card:    \_\_\_ VISA    \_\_\_ MasterCard    \_\_\_ Discover

Card No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Number \_\_\_\_\_

Name on Account: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_

Signature \_\_\_\_\_

The website “hotlink” (optional) is a direct connection between your IACP member profile and your own website. The cost of this link is \$25. (It can be renewed with your annual IACP membership dues).

Please add the additional “hotlink” fee to my payment total.

## 7. IACP AGREEMENT:

**By becoming an IACP member and signing this application, I agree to honor the IACP Standards\* for Practitioners, Trainers and Trainings. I further agree to abide by the License Agreement\* relative to the use of the Collaborative Practice/Collaborative Law Practice “Mark.”**

\*Copies of the Standards, License Agreement and Guidelines for Use can be found on the IACP Website at [www.collaborativepractice.com](http://www.collaborativepractice.com)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**PLEASE RETURN COMPLETED APPLICATION  
WITH PAYMENT TO**

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