

International Association of Collaborative Professionals & Collaborative Practice Institute 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**

<p>1. MEMBERSHIP INFORMATION:</p> <p>_____ First Name Middle Initial Last Name</p> <p>_____ Business/Firm Name</p> <p>_____ Office Address <input type="checkbox"/> check here if same as billing address</p> <p>_____ City State Zip Code County</p> <p>_____ Telephone Fax</p> <p>_____ Email (required) Website</p> <p>_____ Profession(s)</p> <p>_____ Billing Address (if paying by credit card and different from above)</p> <p>_____ City State Zip Code County</p> <p>2. <input type="checkbox"/> I certify that I have completed a two- or three-day Interdisciplinary Collaborative Practice Training and have attached proof to this document.</p> <p>3. <input type="checkbox"/> I certify that I have current professional liability/malpractice insurance coverage and have attached proof to this document.</p> <p>4. ADDITIONAL INFORMATION:</p> <p><input type="checkbox"/> I prefer not to be included on a mailing list for vendors who provide products and services to the collaborative community.</p> <p>5. MEMBERSHIP FEES:</p> <p><input type="checkbox"/> I have included payment of \$160 for my annual dues. (This entitles you to membership in both CPIM and the International Academy of Collaborative Professionals.)</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">IACP Whole Group Membership</td> <td style="text-align: right;">\$100.00 USD</td> </tr> <tr> <td>CPIM Membership</td> <td style="text-align: right;">\$60.00 USD</td> </tr> </table>	IACP Whole Group Membership	\$100.00 USD	CPIM Membership	\$60.00 USD	<p>6. PAYMENT:</p> <p><input type="checkbox"/> Check (make payable to CPIM)</p> <p><input type="checkbox"/> Credit Card: ___VISA ___MasterCard ___Discover</p> <p>Card No.: _____</p> <p>Exp. Date: _____ CVV Number _____</p> <p>Name on Account: _____</p> <p>Amount Charged: \$ _____</p> <p>Signature _____</p> <p style="margin-top: 20px;">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).</p> <p><input type="checkbox"/> Please add the additional “hotlink” fee to my payment total.</p> <p>7. IACP AGREEMENT:</p> <p>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.”</p> <p><small>*Copies of the Standards, License Agreement and Guidelines for Use can be found on the IACP Website at www.collaborativepractice.com</small></p> <p>_____ Signature</p> <p>_____ Date</p> <p style="text-align: center;">PLEASE RETURN COMPLETED APPLICATION WITH PAYMENT TO</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px auto; width: 80%;"> COLLABORATIVE PRACTICE INSTITUTE OF MI 121 W. Washington St., Ste. 300 Ann Arbor, MI 48104 Fax: 734.994.1557 Phone: 734.994.3000 </div> <p style="margin-top: 20px;">What CPIM team(s) would you be interested in joining?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Basic Training</td> <td><input type="checkbox"/> Advanced Training</td> </tr> <tr> <td><input type="checkbox"/> Public Communication</td> <td><input type="checkbox"/> Website</td> </tr> <tr> <td><input type="checkbox"/> Quality Assurance</td> <td><input type="checkbox"/> Membership</td> </tr> <tr> <td><input type="checkbox"/> Fundraising</td> <td><input type="checkbox"/> Newsletter</td> </tr> </table>	<input type="checkbox"/> Basic Training	<input type="checkbox"/> Advanced Training	<input type="checkbox"/> Public Communication	<input type="checkbox"/> Website	<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Membership	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Newsletter
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