

International Academy of Collaborative Professionals & Collaborative Practice Institute of Michigan Joint Membership Application



**COLLABORATIVE PRACTICE
INSTITUTE of MICHIGAN**
Resolving Disputes Respectfully



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> <hr/> <p>First Name Middle Initial Last Name</p> <hr/> <p>Business/Firm Name</p> <hr/> <p>Office Address <input type="checkbox"/> check here if same as billing address</p> <hr/> <p>City State Zip Code County</p> <hr/> <p>Telephone Fax</p> <hr/> <p>Email (required) Website</p> <hr/> <p>Profession(s) (**Options for website listing are: attorney, mediator, child specialist, divorce coach, financial specialist, mental health professional.)</p> <hr/> <p>Billing Address (if paying by credit card and different from above)</p> <hr/> <p>City State Zip Code County</p> <p>2. <input type="checkbox"/> (New members) I certify that I have completed a two- or three-day Interdisciplinary Collaborative Practice Training and have attached proof to this document. Date of Training: _____</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 \$240 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;">\$145.00 USD</td> </tr> <tr> <td>CPIM Membership</td> <td style="text-align: right;">\$95.00 US</td> </tr> </table>	IACP Whole Group Membership	\$145.00 USD	CPIM Membership	\$95.00 US	<p>6. PAYMENT:</p> <p><input type="checkbox"/> Check (make payable to CPIM)</p> <p><input type="checkbox"/> Credit Card: ___ VISA ___ MasterCard</p> <p>Card No.: _____</p> <p>Exp. Date: _____ CVV Number _____</p> <p>Name on Account: _____</p> <p>Amount Charged: \$ _____ Zip Code _____</p> <p>Signature _____</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>By becoming an IACP member, you give IACP permission to contact you periodically via e-mail, postal service or telephone regarding matters of importance to the Collaborative community.</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> <hr/> <p>Signature _____</p> <hr/> <p>Date _____</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px auto; width: 80%;"> <p>COLLABORATIVE PRACTICE INSTITUTE OF MICHIGAN 333 Bridge Street NW, Suite 1020 Grand Rapids, Michigan 49504 Phone: (616) 608-7514 Fax: (616) 233-9166</p> </div> <p><i>What CPIM team(s) would you be interested in joining?</i></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"/> Social Media</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"/> Social Media
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