

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**

1. MEMBERSHIP INFORMATION:

First Name _____ Middle Initial _____ Last Name _____

Business/Firm Name _____

Office Address check here if same as billing address _____

City _____ State _____ Zip Code _____ County _____

Telephone _____ Fax _____

Email (required) _____ Website _____

Profession(s) _____

Billing Address (if paying by credit card and different from above) _____

City _____ State _____ Zip Code _____ County _____

2. (New members) 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 \$195 for my annual dues. (This entitles you to membership in both CPIM **and** the International Academy of Collaborative Professionals.)

IACP Whole Group Membership	\$100.00 USD
CPIM Membership	\$95.00 USD

Please add the additional "hotlink" fee to total payment. \$25.00 USD

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).

6. PAYMENT:

Check (make payable to CPIM)

Credit Card: ___ VISA ___ MasterCard

Card No.: _____

Exp. Date: _____ CVV Number _____

Name on Account: _____

Amount Charged: \$ _____ Zip Code _____

Signature _____

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."

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.

*Copies of the Standards, License Agreement and Guidelines for Use can be found on the IACP Website at www.collaborativepractice.com

Signature _____

Date _____

COLLABORATIVE PRACTICE INSTITUTE OF MICHIGAN
29 Pearl Street NW, Suite 414
Grand Rapids, Michigan 49503
Phone: (616) 608-7514 Fax: (616) 233-9166

What CPIM team(s) would you be interested in joining?

Basic Training

Advanced Training

Public Communication

Website

Quality Assurance

Membership

Fundraising

Newsletter