

Membership: _____ Application _____ Renewal

Please fill in the information below or apply/renew online at www.collaborativepractice.com

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 Country

 Telephone Fax

 Email (required: this is your Username) Website

 Profession

Optional— Billing address:

 City State/Province Postal Code Country

2. Check here if you'd like to be designated as a Civil Collaborative practitioner in your Member Profile on the IACP website.

3. PRACTICE GROUP INFORMATION:

 Name of Your Practice Group

 Contact Person

4. What prompted you to join/renew?

- Email reminder from IACP
- Annual Report mailing
- Practice Group requirement
- Recommendation from colleague
- Attended a training
- Visited website
- Discount at Forum
- Other _____

5. ADDITIONAL INFORMATION:

IACP occasionally makes its members' addresses (excluding telephone and email) available to other colleague organizations and to vendors who provide products and services to the collaborative community. If you prefer not to be included in these lists, please check this box.

IACP Membership is for one year from the date membership is activated on the IACP website.

6. MEMBERSHIP FEES:

Check here if membership in IACP is required by your practice group, i.e., "Whole Group Membership". (A discounted per-member fee applies when ALL members of a practice group are required by the terms of the practice group rules to join IACP.)

- Individual Membership..... \$150 USD
- Whole Group Membership \$100 USD
- Student/Library Membership \$75 USD
- Website "Hotlink"(optional)..... \$25 USD

7. PAYMENT:

Payment in U.S. Dollars only. For international members not in North America, please use a Visa or MasterCard to ensure accurate processing of currency conversions. Payments are non-refundable.

- I'm pleased to add a donation of \$_____ to further the activities of IACP (donations are tax deductible)
- Check enclosed (payable to IACP)
- Charge \$_____ to my Visa MasterCard
- Automatic Membership Renewal:** I authorize IACP to automatically renew my membership annually by processing the appropriate charge to my credit card below.

Card # _____ Exp. date _____ / _____

CVV Number (3-digit code on back of card) _____

 Name as it appears on card

 Billing address for card, if different from above

8. 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

 Signature

 Date

PLEASE RETURN COMPLETED APPLICATION WITH PAYMENT TO:

The International Academy of Collaborative Professionals (IACP)
 P.O. BOX 53572, Phoenix, AZ 85072