

# MISSOURI COLLABORATIVE INSTITUTE

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Profession: \_\_\_\_\_ License/Certificate #: \_\_\_\_\_  
Specialty (non-lawyers): \_\_\_\_\_

## **Membership Dues**

(Please mark the boxes that apply and enter appropriate amounts in spaces at the right.)

**Membership:** Please select one type of membership below:  
(See the description of Membership Categories on the Information Sheet, page 2)

- Special Membership (\$ \_\_\_\_\_  
(Law Students, 1<sup>st</sup> Year Lawyers, Paralegals, Law Office Staff, 1<sup>st</sup>  
Year Financial Professionals, 1 Year Mental Health Professionals)
- General Membership (\$ \_\_\_\_\_
- Participating Membership\* (\$ \_\_\_\_\_

**TOTAL MEMBERSHIP DUES \$ \_\_\_\_\_**

*\*IACP Membership is required of Participating, Charter Participating, and Charter General Members for which each member shall pay directly to IACP at the Whole Membership rate of \$100.00 annually. [www.collaborativepractice.com](http://www.collaborativepractice.com).*

## **COMMITTEES YOU WOULD LIKE TO JOIN**

Membership  Public Relations  Training/Education/Programs  Case Facilitation/Protocols

## **MEMBER PLEDGE**

As a member of the Missouri Collaborative Institute, I pledge that I will participate fully and in good faith in any case facilitation to which I am invited by another MCI member, to resolve any disputes or address any issues, including, but not limited to, matters regarding adherence to the Principles and Guidelines/Statement of Understanding, challenges encountered in the case, or any relationships between or among the professionals on the collaborative team. Further, as a Participating Member, I shall pay and/or renew membership with IACP as a condition of continued membership

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**NAME (PRINT):** \_\_\_\_\_

## **INFORMATION SHEET**

**New Members:** Note that for new members wishing to become Participating Members, eligibility to be listed as a participating member in promotional materials and to be listed in MCI's Web Site requires completion of a two-day training and attendance of at least two meetings.

**Special Membership for:** Law Students, 1st Year Lawyers, Paralegals, Law Office Staff, first year Financial Professionals and first year Mental Health Professionals includes all the benefits of General Membership at a special rate for annual dues.

**General Membership** is for those members who wish to attend meetings, receive discounts on training, and have their name listed as General Members in the Council roster. General Members are *not* eligible to vote and are not listed on the MCI website or other promotional materials.

**Participating Membership** is for those members who have engaged in at least a two-day IACP training in the Collaborative Process. Further, participates actively in the functions and activities of the MCI, and adhered to the principles of Collaborative Practice. Active participation is defined as annually attending at least two meetings per year, and either serving on the Board or actively serving on a committee, or facilitating, or being part of the facilitation, of at least one meeting. Additional benefits for Participating Membership include eligibility to vote, discounts on training, and listing in the Council's Participating Members roster, website or other promotional materials.

**Membership in the International Academy of Collaborative Professionals (IACP)** is required for Participating, Charter Participating, and Charter General Membership. IACP grants a \$25 discount.

**Please send your completed and signed form, with check (if applicable) payable to Missouri Collaborative Institute to:**

**MISSOURI COLLABORATIVE INSTITUTE**  
120 S. Central Avenue, Suite 450  
Clayton, Missouri 63105  
Phone: (314) 328-6101  
Email: missouricollaborativeinstitute@gmail.com  
Web: <https://missouricollaborativeinstitute.com>

# Membership: \_\_\_ Application \_\_\_ Renewal

Please fill in the information below or apply/renew online at [www.collaborativepractice.com](http://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

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

## 3. PRACTICE GROUP INFORMATION:

\_\_\_\_\_  
 Practice Group Name

\_\_\_\_\_  
 Contact Person

## 4. What prompted you to join/renew?

- Email reminder from IACP
- Practice Group requirement
- Recommendation from colleague
- Attended a training
- Visited website
- Discount at Forum
- Visited Be-Fulfilled.org
- 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 a Practice Group requires IACP membership of ALL its members.

- 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, MasterCard or American Express 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  AMEX
- 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 on card

\_\_\_\_\_  
 Billing address for card (if different)

## 8. AGREEMENT:

**By becoming an IACP member and signing this application, I agree to abide by the License Agreement\* relative to the use of the Collaborative Practice/Collaborative Law Practice "Mark."**

**By becoming an IACP member, I give IACP permission to contact me periodically via e-mail, postal service or telephone regarding matters of importance to the Collaborative community.**

\*The 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:

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

IACP Office | Phone: 480-696-6075 | Fax: 480-240-9068  
 Email: [info@collaborativepractice.com](mailto:info@collaborativepractice.com)