

# 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 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:

**CACP**  
Name of Your Practice Group

**Barb Turano brtccflp@yahoo.com 303 369-0914**  
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 for 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.)

- Regular Membership.....\$135 USD
- Whole Group Membership.....\$100 USD
- Student/Library Membership .....\$75 USD
- Website "Hotlink"(optional) .....\$25 USD

## 7. PAYMENT:

Payment in U.S. Dollars only.

- Please "hotlink" my website listing to my personal website at \$25.00
- 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 \_\_\_\_\_ / \_\_\_\_\_

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](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