



MEMBERSHIP APPLICATION

Please provide your information as you wish for it to be listed online at <https://MediateFirstMI.com/>:

☐ New Member

☐ Existing Member (changed information)

☐ No changes to listing (If there are no changes you do not need to fill in below)

Individual Member Name: _____ Date: _____

Business Name: _____

Business Address: _____

Telephone Number: _____

Email Address: _____

Website: _____

Are you Collaboratively Trained? ☐ Yes ☐ No

If Yes, please state the type of Collaborative Professional: _____

Professional/Membership Category (check all that apply):

☐ Mediator

☐ Attorney

☐ Financial Professional

☐ Mental Health Professional

☐ Real Estate Professional

☐ Other Professional: _____

Please how you would like your profession to be designated on the website with your name (for example: Financial Divorce Planner, or Attorney and Mediator).

Please identify the number of members in your office (if more than one) and remit:

☐ Membership (\$40.00 per person per 2-year term, 1/1/25 to 12/31/26; \$20.00, if after 1/1/26)

\$ _____ Total enclosed

Please make check for payment for dues to "Bill Cook" (Co-Treasurer), and mail to:

**Bill Cook,
Re: Mediate First MI
P.O. Box 655
Howell, MI 48844**

Please also email this form to: MediateFirstMI@gmail.com

Thank you!

**Memberships run from January 1, 2025 to December 31, 2026*