



MEMBERSHIP APPLICATION

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

New Member

Individual Member Name: _____ Date: _____

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

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 state exactly how you would your profession to be stated on the website under your name (for example: Financial Divorce Planner, or Attorney and Mediator).

Yearly dues are \$35.00, due by January 31st each year. 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 1st to December 30th.*

**You will be added to the website once we receive your application and payment for dues.*