



YEAR 2007 MEMBER APPLICATION

(Please Print or Type)

Please check one: [] New Member [] Renewal Member [] Sustaining Member

Name: _____ Date: _____

Business Address: _____ Home Address (Optional) _____

Phone Numbers: Office: _____ Fax _____

Cell: (optional) _____ Home: (optional) _____

E-Mail Address: _____ Title: (optional) _____

May your e-mail address be displayed on the referral website? [] Yes [] No

Chapter Affiliation: [] Oakland [] Washtenaw [] Mid-Michigan [] Wayne

Note: There are no dues for chapter membership.

Are you interested in starting a chapter in your county? [] Yes [] No

In conjunction with court rule (MCR 3.216) requirements, I am willing to be [] Observed while mediating [] An Observer/Supervisor of a new mediator

Please comment on your fee arrangements for Observation and/or Supervisions: _____

2007 Dues Structure

*Note: Membership includes one complimentary listing on our website referral list provided you have met the requirements under MCR 3.216.

[] \$100 Dues & Referral Service (includes one county) *
County preference _____

[] \$50 Sustaining Membership (includes one county)
Thank you for adding \$50 in an effort to further the goals of MCFDM
County Preference _____

List extra counties for website referral list @\$15 each _____

Note: If you are not already on the referral service and wish to be, please submit documentation that you have completed the requirements of MCF 3.216.

Total Amount Enclosed: [] \$100 2007 Member & Referral List (includes one (1) county)
[] \$150 2007 Sustaining member
[] \$_____ Other – Referral List extra counties above @\$15 each = \$_____
[] \$_____ Other – Promotional Brochures to personalize @ 30 cents each + handling

Please make your check payable to the Michigan Council for Family and Divorce Mediation & mail to: c/o MCFDM Shirley Robertson, 489 Berrypatch Lane, White Lake, MI 48386. Thank you!

**THE MICHIGAN COUNCIL FOR FAMILY AND DIVORCE MEDIATION
2007 REFERRAL MEDIATOR INFORMATION SHEET**

Important: This information is used as your documentation on the referral web site so please answer all questions in detail.

After initial information is input, you will be assigned a password and can make your own changes

Date, Provider, and Place of ACR (formerly AFM) or SCAO approved 40-Hour Basic Divorce Mediation Training and 40 hour domestic relations mediation training or equivalent under MCR 3.216:

Date, Provider and Place of Domestic Violence Training:

Experience in Family and Divorce Mediation since _____ Advanced Degree(s): _____

Related Experience:

Related Professional Certification/License:

Fee Schedule (very important information): \$ _____ Per hour or other: _____

Additional Comments: _____

Selected County _____ (included in fee) Additional Counties: (\$15/add'l County)

Unique Office Features:, i.e., accessible, evening or weekend hours, etc: _____

Signature: _____ Date: _____

By my signature above, I certify that I subscribe to the Standards of Practice for Family and Divorce Mediation. I also affirm, under oath, that the information provided, which shall be disseminated to potential clients by the Michigan Council for Family and Divorce Mediation Referral Service, is true and accurate.

***Enclosed is a copy of my divorce mediation training certificate of completion, verification of observations requirements or other appropriate documentation (necessary only when first joining the Mediation Referral Service).**