

THE MEDIATION COUNCIL OF ILLINOIS

P.O. Box 97, Cary, IL 60013

(312) 641-3000

www.mediationcouncilofillinois.org



RENEWAL MEMBERSHIP APPLICATION

It's that time again! Your annual MCI regular membership fees should be paid. Please remit so we can be sure you are included on the new membership list. *Please indicate (X) one category below.*

_____ **REGULAR MEMBER** (voting) **\$75.00**

_____ **AFFILIATE OR INSTITUTIONAL MEMBER** (non-voting) **\$75.00**

_____ **ASSOCIATE MEMBER** (non-voting) **\$50.00**

_____ **STUDENT MEMBER** (non-voting) **\$25.00**

_____ **FRIEND OF THE MEDIATION COUNCIL** (non-voting) **\$25.00**

_____ **EMERITUS MEMBER** (non-voting) **No Annual Fee**

Please also provide the following information and sign below.

Name _____

Organization or Firm Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (w) _____ (h) _____

Facsimile _____ E Mail _____

Profession _____

I hereby authorize the Mediation Council of Illinois to utilize the information above at the discretion of MCI.

DATE: _____ SIGNATURE: _____

I HEREBY VERIFY THAT ALL OF THE INFORMATION ON THIS APPLICATION, AND ANY INFORMATION I HAVE SUBMITTED TO THE MEDIATION COUNCIL IN SUPPORT OF MY APPLICATION FOR MEMBERSHIP, IS TRUE AND ACCURATE. I ALSO VERIFY THAT I AM A MEMBER IN GOOD STANDING IN MY PROFESSION OF ORIGIN, THAT I HAVE READ AND AGREE TO ABIDE BY THE MEDIATION COUNCIL'S STANDARDS OF PRACTICE FOR MEDIATORS. I ACKNOWLEDGE AND AGREE THAT MY MEMBERSHIP IN THE MEDIATION COUNCIL CAN BE TERMINATED AT THE DISCRETION OF THE BOARD OF DIRECTORS FOR NOT ABIDING BY THOSE STANDARDS OF PRACTICE AND MCI ETHICS PROCEDURES IN SUPPORT THEREOF OR NON-COMPLIANCE WITH MCI MEMBERSHIP REQUIREMENTS AT THE DISCRETION OF THE MCI BOARD OF DIRECTORS.

DATE: _____ SIGNATURE: _____

Please attach proof of your current license or certification.

Please submit how you have completed the annual continuing education requirement by MCI and provide a copy of the certificate of attendance or CEU certification for said course/program. (This pertains to Regular, Associate, and Referral Applicants.)

I verify that my answers to questions 7-10 from my last Regular Member application remain unchanged.

Signature

Date

7. Do you have any previous or pending formal disciplinary action taken or ordered related to your professional license, certification or membership in a professional organization if a member of any?

If yes, describe: _____

8. Have you ever been found guilty of an ethics violation by a professional licensing, certification or membership organization?

If yes, describe: _____

9. Have you ever been disciplined, suspended or expelled from a professional licensing, certification or membership organization?

If yes, describe: _____

10. Have you ever been convicted of a felony or misdemeanor involving moral turpitude or contempt of court?

If yes, describe: _____

My answers to questions 7, 8, 9, and/or 10 have changed from my last Regular Member application as follows:

Signature

Date

COMMITTEE INTEREST

The Mediation Council depends on individuals like you who are willing to lend their time and their expertise to the organization's mission: to promote public awareness and high standards in the mediation profession. Much of our work is done through committees. If you are interested in joining a committee, please indicate your interest below.

_____ Best Practices/Ethics Committee (BPEC)

_____ Diversity & Equity Committee (DEC)

_____ Education/Conference Committee (ECC)

_____ Membership Committee (MC)

_____ Nominating Committee (NC)

_____ Public Relations Committee (PRC)

_____ MCI Foundation (MCIF)

_____ Website Committee (WEBC)

SUGGESTION BOX

Any additional comments or suggestions you may have are welcome. Please use the remainder of this page or as many additional pages as you like. Thank you.

For Office Use: Date rec'd _____ Amt _____ Check # _____ Rec'd by _____ Bd Act _____ Date _____ Notif _____