

# THE MEDIATION COUNCIL OF ILLINOIS

143 S. Randall Road #176, Batavia, IL 60510

(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.

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For Office Use: Date rec'd \_\_\_\_\_ Amt \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd by \_\_\_\_\_ Bd Act \_\_\_\_\_ Date \_\_\_\_\_ Notif  
MCI/Regular Renewal/11.1.16