



**Association for
Conflict Resolution**
Michigan Southeast Chapter

MEMBERSHIP APPLICATION

New Membership

Renewing Membership

APPLICANT INFORMATION

Please print or type your name legibly

Date of Application: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone Number: _____ E-mail Address: _____

Are you a new member of Michigan Southeast ACR Chapter? Yes No

Are you a member of the National/International ACR organization? Yes No

How did you find out about ACR? _____

Are you currently involved in conflict resolution activities? Yes No

If yes, please specify the type of activities _____

CATEGORY OF MEMBERSHIP

ACR Southeast Michigan Chapter membership runs for one year from the date membership fee is received. Please indicate below which category of membership you would like to join under.

ACR SOUTHEAST CHAPTER MEMBERSHIP

Regular (\$35) \$ _____

Student (\$20)* \$ _____

CDRP Volunteer/Staff (\$20) \$ _____

ACR NATIONAL MEMBERSHIP

Member (\$195) \$ _____

Associate (\$110) \$ _____

Practitioner/Educator (\$205) \$ _____

Advanced Practitioner (\$230) \$ _____

Youth (K-12) (\$35) \$ _____

Organizational Affiliate (\$325-\$1400) \$ _____

Student (Full-Time College) (\$80) \$ _____

TOTAL ENCLOSED \$ _____

PAYMENT

Check or money order should be made payable to *ACR Michigan Southeast Chapter*.

Please mail the completed application and payment to:

ACR Michigan Chapter
c/o Oakland Mediation Center
550 Hulet Drive, Suite 102
Bloomfield Hills, MI 48302

You may also join and pay online at www.mediate.com/acrmichigan.