



**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:**  
Association for Conflict Resolution  
Michigan Southeast Chapter  
P.O. Box 46489  
Mt. Clemens, MI 48046

You may also join and pay online at [www.mediate.com/acrmichigan](http://www.mediate.com/acrmichigan).

