



CENTRAL INDIANA ASSOCIATION  
of COLLABORATIVE PROFESSIONALS

**Application for Membership**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of your collaborative training: \_\_\_\_\_

Organization sponsoring your training: \_\_\_\_\_

Identity of your trainer(s): \_\_\_\_\_

Are you a member of the IACP? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a registered domestic mediator? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a/an: \_\_\_\_\_ Attorney \_\_\_\_\_ Financial Professional  
\_\_\_\_\_ Mental Health Professional \_\_\_\_\_ Life Coach

Are you interested in serving on one of the following CIACP committees?

\_\_\_\_\_ Rules & Procedures

\_\_\_\_\_ Education

\_\_\_\_\_ Marketing & Communications

*Please make your initial dues payment of \$100.00 via check payable to "CIACP", enclose with your signed application and mail to Mark Hildebrand, Holistic Financial Partners, LLC, 8604 Allisonville Rd., Ste. 190, Indianapolis, IN 46250. Questions? Call (317) 550-3405, or email to [mark@holisticfinancialpartners.com](mailto:mark@holisticfinancialpartners.com).*