

MDIC MEMBERSHIP RENEWAL FORM 2011 - 2012

*****If your information is the same as last year, please write "SAME"*****

DO YOU WANT TO BE INCLUDED IN THE 2011 - 2012 PAPER DIRECTORY GIVEN TO MEMBERS AND JUDGES IN DECEMBER? IF SO, THIS FORM AND YOUR DUES MUST BE RECEIVED BY OCTOBER 15, 2011, THE DROP DEAD DEADLINE!

1. Identifying Information:

Name: Last _____ First _____
Middle _____ Degree(s) _____

Business Name: _____
Address: _____

Phone: _____ Fax: _____
E-mail address: _____ Website: _____

2. Occupation: _____

3. Section in which you wish to be listed (check ONE): Attorney _____
Mental Health Professional _____ Other (mediator, visitation specialist, Parent Educator etc.) _____

4. Licensure and Education: (check all that apply) MD _____ PhD _____ EdD _____
PsyD _____ LCSW _____ MA _____ LPC _____ RN _____ NP _____ CAC I _____
CACII _____ CACIII _____ LMFT _____ Registered Therapist _____ JD _____
Student _____ Other degrees or licensure-specify _____

5. States in which licensed: _____

6. Services offered: _____

7. Fees: hourly rate: \$ _____ retainer: yes: __ no: __ (details go in other information)

8. Other Information (including relevant experience, if services are offered in a language other than English-specify) _____

Thank you for renewing your MDIC membership! Dues \$95, if you joined MDIC after March 2011, your dues will be \$50 for 2011-12.

Please print this form, fill it out and mail it with your dues for 2011 - 2012 to:

**MDIC
C/O Theresa Martin
9457 S. University Blvd. PMB #334
Highlands Ranch, CO 80126**

