

**HCCP Membership Application/Renewal**  
**January 31 deadline for Renewal (calendar year)**

**New members:** Collaborative Training: Yes/No

When/Where: \_\_\_\_\_ **\*\*Attach your collaborative training certificate\*\***

**New and returning members:**

Mediation Training: Yes/No When/Where: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ # Years of practice: \_\_\_\_\_

Profession: \_\_\_\_\_ Collaborative Groups You Belong to: \_\_\_\_\_

***I certify that I will comply with the rules and procedures of HCCP as they evolve and maintain professional membership requirements of my profession. I also certify, to the best of my knowledge, information and belief that all information is correct and I agree to each of the following (please check each of the following to indicate your consent to maintain these requirements):***

\_\_\_ Pay HCCP annual dues (\$150.00);

\_\_\_ Be a member in good standing in your profession;

\_\_\_ Attend at least 4 of 9 monthly membership meetings per calendar year;

**Note:** A minimum attendance of 4 HCCP meetings per calendar year is expected to include membership meetings, Committee meetings, Blog nights, January Dinner meeting, Happy Hours and book club meetings.

***The following is highly recommended and encouraged:***

- Complete 8 hours of educational training per calendar year which may include HCCP meetings, collaborative alternative learning presentations & advanced training in your profession.
- 40 hours of basic mediation training
- Membership in IACP

**Please indicate your interest/willingness to become involved in the following committees. Active involvement in HCCP is essential networking for collaborative case referrals.**

\_\_\_ **Membership:** Includes review of Applications, Social Events, membership development

\_\_\_ **Communications:** Includes Website, Public relations, Social Media, Marketing

\_\_\_ **Education:** Includes general membership meeting presentations, enrichment learning, special trainings

\_\_\_ **Nominating:** Includes Bylaws & Ballots for next year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Revised 9-18-2017)

**Send check to HCCP Treasurer:**

Russell Bregman  
Dembo, Jones, Healy, Pennington & Marshall  
6010 Executive Blvd., Suite 900  
Rockville, MD 20852

**Email application in PDF or Word to:**

Tom Burns [tburns.bblaw@gmail.com](mailto:tburns.bblaw@gmail.com)