

Membership Application

Our mission:

The Clark County Association of Mediators work to raise awareness and acceptance of mediation in our community and to support mediators, whether volunteers or paid professionals, who are interested in improvement of their mediation practice.

Mediator Name: _____ Date: _____

Business Name: (if any) _____

Mailing Address: _____

Phones: Business _____ Cell: _____ Home: _____

Email: _____

Which phone is the best way to contact you? _____

When is the best time to contact you, day(s) and hours? _____

The association uses email for meeting notices and other important information. Is this a reliable way to reach you?

Type of membership for which you are applying:

General Member: \$35.00 per year

Benefits include all General Membership meetings, activities, voting, email notices and newsletters.

Year Basic Training completed _____ **Training Center** _____

Roster Member: \$60.00 per year

Benefits include:

- All General Membership benefits, plus
- Featured Advertising Bio on the CCAM website with a link to your business website or email
- Direct referrals from the CCAM Information and Referral Hotline in your certified area(s) of specialty.

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Clark County Association of Mediators
4001 Main Street
Vancouver, WA 98663
Phone: (360) 690-0774
www.ClarkCountyMediators.com

Date of WMA or DRC or other Certification: _____ Area(s) of Specialty _____

Your website(s) (if any) _____

After submitting your Roster Membership Application, please contact Enrico Tadeo, CCAM Webmaster, regarding your CCAM Website Bio at enricotadeo0774@msn.com.

Business titles and degrees: (MA, JD, etc.) _____

Other Mediation Training: _____

How would you like to participate in CCAM? _____

I wish to apply for membership in the Clark County Association of Mediators as I have indicated above. I agree to actively participate in CCAM meetings and events as I am able, to assist in decisions and activities that support the CCAM mission, and to maintain the Certification Standards for which I am qualified.

Signature: _____ Date: _____

Payment enclosed: \$ _____

You may submit your application in person, by mail or email.