



Membership Application

Thank you for your interest in the Washington Mediation Association.
Please print and fill out the application form, include your \$50.00 (\$75 after January 1, 2010) annual dues payment and mail to:

Washington Mediation Association
1122 E. Pike St. PMB #1095
Seattle, WA 98122-3934.

Name: _____

Company Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone (work): _____ (home): _____

Phone (cell): _____ Fax: _____

E-mail: _____

Web Site: _____

Occupation: _____

Please check all that apply:

I am a private practice mediator.

I am a volunteer mediator.

I do mediation or conflict resolution training.

I am interested in participating in WMA activities in my local region.



I do not want my contact information released to vendors providing products and services to the mediation community.

I am unable to download the mediator certification packet from the web site and would like it mailed to me.

I am available to mediate these types of cases:

- Business
- Community
- Construction
- Consumer
- Criminal Justice
- Divorce/family
- Education
- Employment
- Environmental
- Health care
- Intercultural
- Labor relations
- Organizational
- Public policy
- Other _____

STANDARDS OF PRACTICE

Please read the WMA Standards of Practice for Mediators. These are the same standards approved by SPIDR, AAA, and the ABA in 1994. As a condition of membership, WMA requires written acceptance of the Association's purposes and these Standards.

Go to www.washingtonmediation.org and navigate to the "how to join" page to read the Standards of Practice.

I have read the WMA Standards of Practice, adopted in 1997, and agree to abide by them.

Signature _____ Date _____