



Membership Application

Thank you for your interest in supporting the Washington Mediation Association. Please fill out the form below, enclose a check for \$75 made out to WMA and mail it to:

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

Your membership fee is due annually and we will send you a renewal notice. Please contact us before that time if your contact information changes.

All members' names are listed on our website.

Welcome!

Name: _____

Company Name: _____

Address: _____

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

Phone (work): _____ (home): _____

Phone (cell): _____ Fax: _____

E-mail: _____

Web Site: _____

Occupation: _____

Languages (other than English) that you could conduct mediation in:



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 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 _____