



Application for Membership

P. O. Box 2537
Galveston, TX 77553-2537
www.txmediator.org
TAMmembership@gmail.com

Salutation: (Mr, Ms, Dr, etc)		First Name:	
Middle:		Last Name:	
Suffix: (Jr, III, PhD, LCSW, etc)			
Title:			
Organization:			
Mailing Address:			
City:		State:	
Zip Code:		County:	
Business Phone:		Fax:	
Your Website URL:		Email address:	
<p>TAM lists member addresses, telephone and e-mail on the website.</p> <input type="checkbox"/> Check here if you do NOT want to be listed on the website.			
<p>ANNUAL DUES (TAM membership dues apply to the calendar year in which you are joining. However, if you are joining after October 1st, dues will be applied to the following calendar year. Please check one.)</p>			
<input type="checkbox"/> Member - \$75.00 An individual who has satisfied the education, training and experience requirements for full membership.		<input type="checkbox"/> Candidate for Membership - \$45.00 An individual who has satisfied the education and training requirements for membership, but lacks the necessary hours of experience.	
<input type="checkbox"/> Friend of TAM - \$50.00 An individual or organization that supports the mission of TAM. Friends of TAM do not have to complete the training, education and experience sections.			
MEDIATION TRAINING (Please check the mediation training that you have completed.)			
<input type="checkbox"/> I have completed a 40-Hour Basic Mediation Training Course.			
<input type="checkbox"/> I have completed a 24-Hour Family Mediation Training Course. (Required only if you are engaged in family mediation.)			
Note: Documentation in the form of a copy of the certificates for training, for both the 40-hour basic training and, if applicable, the 24-hours family mediation training must accompany the application for membership form . If a certificate is not available, a letter from the trainer stating successful completion for the applicant will be acceptable.			
EDUCATION (Please check one.)			
<input type="checkbox"/> I have a graduate degree from an accredited college, university, or law school.			
<input type="checkbox"/> I have an undergraduate degree from an accredited college or university.			
<input type="checkbox"/> I am requesting a waiver of the education requirement and I am submitting evidence of alternative qualifications and/or exceptional commitment to and/or merit in the field of mediation. Please contact the Membership Director for more information.			
PROFESSIONAL WORK EXPERIENCE (Please check one.)			
<input type="checkbox"/> I have had two (2) to four (4) years of professional work experience in my field of practice.			
<input type="checkbox"/> I have had four (4) or more years of professional work experience in my field of practice			
MEDIATION EXPERIENCE (Please check one.)			
<input type="checkbox"/> I have more than 100 hours of documented mediation experience.			
<input type="checkbox"/> I have less than 100 hours of documented mediation experience.			
By signing below, I certify that the foregoing information is true and correct and that I have completed the training, education and the hours/years of experience as I have indicated above.			
Signature:			Date: