



NEW MEMBER FORM

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>The TAM online membership directory lists addresses and phone numbers but no longer lists email addresses. A contact form allows visitors to the TAM website to email you directly but will prevent unsolicited emails or SPAM.</p> <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 1 st , dues will be applied to the following calendar year. Please check one.)	
<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.
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<p>MEDIATION TRAINING (Please check the mediation training that you have completed and identify the trainer, date and location.)</p> <input type="checkbox"/> 40-Hour Basic Mediation Training Course. Trainer, date, location:
<input type="checkbox"/> 24-Hour Family Mediation Training Course. (Required only if you are engaged in family mediation.) Trainer, date, location:

<p>EDUCATION (Please check one.)</p> <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.
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<p>PROFESSIONAL WORK EXPERIENCE (Please check one.)</p> <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

<p>MEDIATION EXPERIENCE (Please check one.)</p> <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:
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