



Salutation: (Mr, Ms, Dr, etc) <i>(optional)</i> :		First Name:	
Middle <i>(optional)</i> :		Last Name:	
Suffix: (Jr, III, PhD, LCSW,etc) <i>(optional)</i> :		Nickname <i>(optional)</i> :	
Please complete this section ONLY if your information has changed.			
Title:			
Organization:			
Mailing Address:			
City:		State:	Zip Code:
County:		Business Phone:	
Fax :		Email address:	
Your Website URL:			
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.			
<input type="checkbox"/> Check here if you do NOT want your name to be listed on the website. <input type="checkbox"/> Check here is you do not want your address listed on the website. <input type="checkbox"/> Check here if you wish to access the TAM newsletter through the website and not receive a hardcopy by mail.			
ANNUAL DUES (TAM membership dues apply to the calendar year in which you are joining. However, if you are renewing after October 1 st , dues will be applied to the following calendar year. Please check one.)			
<input type="checkbox"/> Full Member - \$75		<input type="checkbox"/> Candidate for Membership* - \$50	
<input type="checkbox"/> Friend of TAM - \$50			
Note: Friends of TAM do not have to complete the following section			
CONTINUING EDUCATION			
To maintain membership, members must participate in a minimum of twelve (12) hours of mediation or mediation related continuing education each year, of which at least three (3) hours must be related to ethics. This continuing education requirement may be partially satisfied by up to two (2) hours of self-study as defined by paragraph 4.8.2.0 of the TAM bylaws.			
Candidates for Membership and Full Members: By signing below, I certify that I have completed a minimum of twelve (12) hours of mediation or mediation related continuing education in the last year, of which at least three (3) hours were related to ethics.			
Signature:			Date:
Prior Candidates for Membership applying for Full Membership: By signing below, I certify that I have the obtained the training, education, professional and/or mediation experience to renew at the Full Member level.			
Signature:			Date:

*Candidate status may be maintained for a maximum of five (5) years in order to allow the Candidate time to complete the 100 hours of experience or other membership requirements.