



# Montana Mediation Association

## Application for Associate or Student Membership

Please Note: The contents of this application will not be sold or distributed. Successful applicants will have their name published in the MtMA Directory.

**APPLICATION INSTRUCTIONS:** Please answer the following questions. Incomplete applications will be returned for further information. The Qualifications Committee reviews all applications within 12 weeks. If you have questions, or qualification obstacles, call the MtMA office at (406) 750-8813.

**MEMBERSHIP DUES and APPLICATION FEES:** Membership dues must be enclosed with your membership application. If membership is denied, your dues will be returned.

**PAYMENT and MAILING:** Dues payments must be made by either check or money order. Please mail application and membership dues to:

MtMA Qualifications Committee,  
238 6<sup>th</sup> Ave. SE  
Cut Bank, MT 59427

**PART I.** Please complete the following as you wish to be listed in the membership directory. All membership materials will be sent to this address.

Ms. Mr. Dr. Other (specify) First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name:  
\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

**PART II.** Please specify which category of membership you are applying for.

- ASSOCIATE MEMBERSHIP: (\$50.00 per year) Any individual or organization interested in furthering the purposes of the MtMA, who has been approved for membership and is current in the payment of annual dues.
- STUDENT MEMBERSHIP: (\$25.00 per year) Any full-time student interested in mediation, who has been approved for membership and is current in the payment of annual dues.

Name of School: \_\_\_\_\_

**PART III.** Please list any areas of dispute resolution other than mediation that interest you. \_\_\_\_\_

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**PART IV.** As a member of MtMA, I will subscribe to the purposes and principles of the Association. I further certify that the information supplied on this application is correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about MtMA?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Colleague        | <input type="checkbox"/> Information Request | <input type="checkbox"/> MtMA Member (Name: _____) |
| <input type="checkbox"/> MtMA Publication | <input type="checkbox"/> Training Seminar    | <input type="checkbox"/> Conference                |
| <input type="checkbox"/> TV/Radio         | <input type="checkbox"/> Other: _____        |  |

MtMA USE ONLY: ID#: \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_ Check No: \_\_\_\_\_

Category: \_\_\_\_\_ Admittance Date: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Comments: