



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) 727-8365.

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,
P.O. Box 6363
Great Falls, MT 59406-6363

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. _____

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?

- Colleague
- MtMA Publication
- TV/Radio
- Information Request
- Training Seminar
- Other: _____
- MtMA Member (Name: _____)
- Conference

MtMA USE ONLY: ID#: _____
Date Received: _____ Amount Enclosed: _____ Check No: _____
Category: _____ Admittance Date: _____ Amount Due: _____
Comments: