



Montana Mediation Association

Application for Full Membership

Please Note: The contents of this application will not be sold or distributed. Successful applicants will have their name, contact information, and sector of practice published in the MtMA Directory. A résumé may be submitted with this application for distribution to interested parties.

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 DESCRIPTION AND DUES: A full member is a mediator, neutral or individual dedicated to processes in which consensual and informed resolutions are made by parties. The full member must meet the requirements of MtMA's Standards of Practice, Mediator Qualifications; subscribe to MtMA's Ethical Guidelines; be interested in furthering the purpose of MtMA; and be current in the payment of annual dues.

Membership dues (\$75.00) 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 6th Avenue 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: _____

(Note: Occupation and employer information will not be printed in the membership directory).

PART II. List your area(s) of dispute resolution practice and the neutral role(s) you perform.

PART III. Answer the following questions in the space provided unless indicated otherwise:

A. List the training you have taken to enable you to perform as a neutral. Include sponsor and dates.

<u>Date/Year</u>	<u>Title of Course</u>	<u>Training/Organization</u>	<u>Hours</u>

B. MtMA Full Members are required to have effective communication skills. Please attach a maximum of two double-spaced pages of your writing that demonstrates your effective written communications skills in drafting a mediated or other consensual agreement, memorandum or other professional writing.

C. Please indicate whether your training in basic mediation skills included:

- | | | | |
|-----|---|------------------------------|-----------------------------|
| (1) | Two hours of Ethics. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) | Principles and Philosophy of Mediation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) | Mediation Fundamentals. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) | Skills. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) | Role Play. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) | Conflict Theory. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) | Assessment/External Evaluation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

D. Set forth the instances and the hours spent in the following post mediation training activities.

	<u>Activity</u>	<u>Number</u>	<u>Hours</u>
(1)	<u>Observation:</u>		
	(a) Mediation:	_____	_____
	(b) Other Neutral Processes:	_____	_____
(2)	<u>Co-Mediation or Supervised Mediation:</u>		
	(a) Mediation:	_____	_____
	(b) Other Neutral Processes:	_____	_____
(3)	<u>Solo Mediation:</u>	_____	_____
(4)	<u>Mentoring/Consultation:</u>		
	(a) Mediator:	_____	_____
	(b) Other Neutrals:	_____	_____
(5)	List one reference (preferably a MtMA Member) who is familiar with your work and who may be contacted if additional information is required. Please include address and phone number.		

E. Exempted/Alternative Admission.

(1) Are you exempt from the requirements of MtMA's Standards of Practice on Mediator Qualifications for Full Membership because your functions are recognized and prescribed in statutes, in executive, judicial or administrative rule, or through qualifications established by executive branch agencies providing mediation assistance? Family mediators, although currently recognized by statute, are not exempted from these membership requirements.

No. Yes. If so, please state:

Your Job Title: _____

Your Employer: _____

Statute/Rule That Recognizes Your Functions: _____

Note: When a person ceases to work under the statute, etc. the exemption ceases and regular qualifications must be met.

(2) In exceptional cases, applicants may be admitted for Full Membership upon their request to submit alternative training or experience or to have a requirement waived. This will be considered when the applicant has demonstrated an exceptional and long term commitment, competency and involvement in the field of mediation. A review of the applicant's competency may include direct or recorded observation. Such exceptions shall be reviewed on a case by case basis by the Qualifications Committee and shall be approved by a consensus of the full Board of Directors.

Are you requesting admission to MtMA based upon alternative training or experience?

No. Yes. If so, please attach an additional page describing the alternative training, and listing the names, addresses and phone numbers of mediators/neutrals who provided the training and mentoring.

PART IV. As a member of MtMA, I subscribe to the purposes and principles of the MtMA, the Ethical Guidelines for Full Members, the annual completion of fifteen hours of continuing education, and the understand that a violation could result in the revocation of my membership. 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: _____