

DC ACR – Membership Application 2009-2010

Individual or Corporate New or Renewal
 Active or Retired

Name _____ Email _____

Company/Agency _____

Phone Home _____ Office _____

Preferred Mailing Address Home Office

Home _____ Office _____

2009-2010 Individual Membership

_____ \$25.00 Active
 _____ \$10.00 Retired
 _____ \$10.00 Student – Enclose copy of current student identification

2008-2009 Corporate Membership

(Please attach separate forms for each member to be enrolled)

_____ Members @ \$20.00 = _____ - 20%

_____ Contribution
 _____ *Total Enclosed*

About You and Your Work

Your practice roles:

<input type="checkbox"/> Mediator	<input type="checkbox"/> Facilitator	<input type="checkbox"/> Arbitrator	<input type="checkbox"/> Mediator/Attorney
<input type="checkbox"/> Educator		<input type="checkbox"/> Researcher	<input type="checkbox"/> Administrator

Your practice domains: (limit 3)

<input type="checkbox"/> Commercial	<input type="checkbox"/> Community	<input type="checkbox"/> Consumer	<input type="checkbox"/> Court
<input type="checkbox"/> Crisis	<input type="checkbox"/> Education	<input type="checkbox"/> Environment	<input type="checkbox"/> Family
<input type="checkbox"/> Health Care	<input type="checkbox"/> International	<input type="checkbox"/> Ombuds	<input type="checkbox"/> Online
<input type="checkbox"/> Organizational	<input type="checkbox"/> Research	<input type="checkbox"/> Justice	<input type="checkbox"/> Spirituality
<input type="checkbox"/> Training		<input type="checkbox"/> Workplace	

Are you interested in serving on a DC ACR Board Committee? Yes No

Do you want to be listed in the Membership Directory? Yes No

Phone Home: _____ Office _____

Are you an ACR (national) member? Yes No

We encourage you to also join ACR (national) at www.acrnet.org

Do you have a website you would like referenced in chapter marketing of member services? _____

Member Events

What topics would you like to see covered in member events and advanced practice seminars?

Topics _____

Are you interested in presenting or leading a panel? Yes No

If yes, on what topic(s)? _____

What is the best time of day for you to attend a member seminar?

Weekdays:

- | | |
|---|---|
| <input type="checkbox"/> Early Morning (7:30 – 9:00am) | <input type="checkbox"/> Mid-Day (12:00 – 1:30pm) |
| <input type="checkbox"/> Late Afternoon (4:00 – 5:30pm) | <input type="checkbox"/> Early Evening (5:30 – 7:00 pm) |
| <input type="checkbox"/> I prefer Saturday mornings | <input type="checkbox"/> I prefer Saturday afternoons |

Questions? Comments? Membership Needs? Tell us...

Please make checks payable to 'DC ACR' and mail to
P.O. Box 4113
Washington, D.C. 20044
Contact us at dcacrmassage@comcast.net

Thank you!

Form10.09