

Association for Conflict Resolution – Georgia Chapter Membership Application

Name		ACR National Member? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Address			
City	County	State	ZIP

CONTACT INFORMATION (check *only one* phone number as your Primary contact)

Home Phone	Primary? <input type="checkbox"/>	Work Phone	Primary? <input type="checkbox"/>	Cell Phone	Primary? <input type="checkbox"/>
E-mail Address					
Web Site (if any)					

ACR Georgia Chapter makes its membership list available to members. Information included in the list is Name, City, GODR Registrations, Work & Specialty Areas, Primary Telephone, E-mail Address, and Web Address. Members may request not to include telephone number, e-mail address, and/or web address. **Please check each item below:**

Include Primary Telephone? YES <input type="checkbox"/> NO <input type="checkbox"/>	Include E-mail Address? YES <input type="checkbox"/> NO <input type="checkbox"/>	Include Web Address? YES <input type="checkbox"/> NO <input type="checkbox"/>
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YOUR WORK IN CONFLICT RESOLUTION (check *all* that apply)

Paid Full Time <input type="checkbox"/>	Paid Part Time <input type="checkbox"/>	Volunteer <input type="checkbox"/>
GODR Registration: <input type="checkbox"/> General Mediation <input type="checkbox"/> Domestic Relations Mediation <input type="checkbox"/> Advanced Domestic Violence Mediation <input type="checkbox"/> Arbitrator <input type="checkbox"/> Early Neutral Evaluation	Work Areas: <input type="checkbox"/> Mediator <input type="checkbox"/> Systems Design <input type="checkbox"/> Program Director <input type="checkbox"/> Arbitrator <input type="checkbox"/> Educator Other: _____ <input type="checkbox"/> Ombuds <input type="checkbox"/> Trainer Other: _____ <input type="checkbox"/> Facilitator <input type="checkbox"/> Coach Other: _____ Languages:	
~ Specialty Areas ~		
<input type="checkbox"/> Civil <input type="checkbox"/> Court Programs <input type="checkbox"/> Education <input type="checkbox"/> Health Care <input type="checkbox"/> Special Ed. <input type="checkbox"/> Commercial <input type="checkbox"/> Criminal <input type="checkbox"/> Environmental <input type="checkbox"/> Online ADR <input type="checkbox"/> Workplace <input type="checkbox"/> Community <input type="checkbox"/> Deprivation <input type="checkbox"/> Family <input type="checkbox"/> Juvenile Other: _____ <input type="checkbox"/> Construction <input type="checkbox"/> Divorce <input type="checkbox"/> Government <input type="checkbox"/> Probate Other: _____		

Years in ADR Field:	Highest Degree Held:	Self-Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer:		
Position:		

Referred by _____ Date of Application _____

To join the **Association for Conflict Resolution – Georgia Chapter** complete this application and submit dues as follows:

Application submitted December 1st through June 30th -- \$50.00

Application submitted July 1st through November 30th -- \$25.00

Fulltime Student -- \$25.00 W/ Application on any date.

(ANNUAL DUES: \$50.00 STUDENT (FULLTIME): \$25.00. MEMBER DUES

RENEWABLE ON JANUARY 1 OF EACH YEAR)

Make check out to: **ACR – GA Chapter**

Mail Application and check to:

A. J. Carubbi, Jr.

2989 Old Zion Cemetery Rd

Loganville, GA 30052-3291

For more information, e-mail:
mediateajc@aol.com

Welcome to the ACR – GA Chapter!