



Application for Program Membership

You can fill out this form and pay on-line or by check. Go to www.nafcm.org

Contact Information

Name of Center/Program: _____

Name of Director: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____ **Phone:** _____ **Fax:** _____

Email: _____

Website: _____

Designated Program Representative/Contact: _____

GUIDE FOR DUES PAYMENT

The following grid is based on the organization/program's annual budgeted income.

What is your Program's Annual Budget?	Annual Budgeted Income	Annual Dues
	\$0 - 24,999	\$25
	\$25,000 - 49,999	\$50
	\$50,000 - 149,999	\$150
	\$150,000 - above	\$300

- * Program membership includes 15 listserv subscriber members and 15 copies of *The Community Mediator*.
- * Each additional subscriber member is \$5.
- * Membership is renewed each year.
- * If your dues are \$150 or more, you may pay in two equal installments due now and 6 months from now.
- * Please call NAFCM staff if you are unable to afford the amount based on annual budget. (202-545-8866)

Please provide the names and emails of your subscriber members on separate page.

Which best describes your organization? _____ Private non-profit _____ City/County
 _____ State _____ Federal _____ Other

Please check next to all types of mediation provided by your center:

- | | | |
|--|---|---|
| <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Custody | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Small Claims | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> School | <input type="checkbox"/> Victim/Offender | <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> Truancy | <input type="checkbox"/> Minor Criminal | <input type="checkbox"/> Adult Guardianship |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Juvenile Correct. Fac. | <input type="checkbox"/> Worthless Checks |
| <input type="checkbox"/> Parent/Child | <input type="checkbox"/> Police/Citizen | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Family | <input type="checkbox"/> Gangs | <input type="checkbox"/> Condominium |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Consumer/Merchant | <input type="checkbox"/> Landlord/Tenant |

Turn Over



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<input type="checkbox"/> Real Estate	<input type="checkbox"/> Cross-Cultural	<input type="checkbox"/>
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Native Amer. Groups	<input type="checkbox"/>
<input type="checkbox"/> Human Rights	<input type="checkbox"/> Religious Groups	<input type="checkbox"/>
<input type="checkbox"/> Disabilities	<input type="checkbox"/> Gay/Lesbian Issues	<input type="checkbox"/> Other
	<input type="checkbox"/> Multi-party	

What case management software does your organization use?

How many paid staff do you have? _____

How many volunteer mediators do you have? _____

How many volunteers (non-mediators) do you have? _____

How do you receive cases? Please provide percentage % _____ Self Referral

_____ Court Referral _____ Police Referral _____ Social Services Agencies

_____ Other

What is your cost of services? _____ No Fee _____ Fixed Fee

_____ Sliding Scale _____ Other

What services do you offer in addition to mediation?

In what areas can your program offer assistance/advice?

Today's Date: _____

THANK YOU!

Membership dues are renewed each year. Please mail payment with form to:

National Association for Community Mediation

P.O. Box 44578

Madison, WI 53744-4578

(608) 845-9918 Email: nafcm@mailbag.com

Please make payment by check (US Dollars only) payable to: NAFCM