

OHIO MEDIATION ASSOCIATION
c/o Shirley A. Cochran, JD
2897 Liberty Bell Lane
Reynoldsburg OH 43068-3930



I am applying to be a new member _____ I am renewing my membership _____

Give information as you would like it to be listed in Membership Directory:
(please type or print clearly)

Name or Institution: _____

If Institution, to whom should mail be directed? _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

I subscribe to the mission of the OMA and desire membership in the following category:

___ **Individual:** Annual Dues \$60 (May 1 – April 30)

Available to all interested persons. Individual members shall have full voting rights; shall be eligible to serve as OMA officers and chairs of standing or ad hoc committees; shall receive the OMA newsletter, *Mediate Ohio* and meeting minutes and discounted rate on selected OMA events and shall be listed in the directory if registered by May 1st each year.

___ **Institutional:** Annual Dues \$100 (May 1– April 30)

Category for 2-10 people at the same institution. The institution as a member has one vote and one designated person is eligible to serve as officer or chair of standing and ad hoc committees. Information received in this membership category may be distributed to a maximum of 10 people.

___ **Donation:** I wish to donate \$ _____ to help expand OMA's resources to promote and advance the institutionalization of mediation and advocate for initiatives that serve the interests of mediators.

I allow the OMA to include my name and mailing information on lists provided solely to other mediation associations and organizations and to list this information in the online Membership Directory on the OMA website - www.mediateohio.org: _____ Yes _____ No

Signature and Date