



American College of Civil Trial Mediators®

Application for Membership

Please complete the application and return to the American College of Civil Trial Mediators.
You may include a professional resume / curriculum vitae / web-site profile for additional reference.

I

Name: _____

Preferred Name: _____

Firm Name: _____

Office Address: _____

Office Phone: (____) _____ Email: _____

Office Fax: (____) _____ WebSite: _____

Personal Information: *(to remain confidential)*

Home Address: _____

Home Phone: (____) _____

Date of Birth: _____ (MM/DD/YY)

Send Mail to *(Check One)* : Home _____ Office _____

II

Law School : _____ Graduation Year: _____

States and Years Licensed to Practice Law:

State	Bar No.	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Year Began Mediating: _____

% Of Professional Time Devoted to Mediation : _____

Number of Mediations Conducted: _____ (Approximate)

III

Mediation/Negotiation Training Courses:

Areas of Mediation Practice. (Check All That Apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Environmental | <input type="checkbox"/> Printing/Publishing |
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Family (Other) | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Americans w/Disabilities Act | <input type="checkbox"/> General Mediation | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Harassment | <input type="checkbox"/> Professional Fees |
| <input type="checkbox"/> Business | <input type="checkbox"/> Health Care | <input type="checkbox"/> Professional Malpractice |
| <input type="checkbox"/> Civil (General) | <input type="checkbox"/> Insurance | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Community | <input type="checkbox"/> International | <input type="checkbox"/> Religious/Church |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Labor Management | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Land Use | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Landlord - Tenant | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Marine / Admiralty | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Divorce (All Issues) | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Torts |
| <input type="checkbox"/> Divorce (Parenting) | <input type="checkbox"/> Municipal | <input type="checkbox"/> Victim Offender |
| <input type="checkbox"/> Education | <input type="checkbox"/> Organizational | <input type="checkbox"/> Women' s Health |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Partnership Dissolutions | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Workplace |

IV Certifications, Professional Affiliations and Memberships: _____

V Description of Mediation Practice and Past Mediation Experience (i.e. number of cases, number of hours, significant achievements, publications, lectures, etc.)

VI References: _____

(1) _____

(2) _____

(3) _____

(Name) (Address) (Phone)

Qualifications for Membership as a Fellow:

- ❖ Active as a civil trial mediator for at least five (5) years, and conducted a substantial number of mediations.
- ❖ Support of the mediation and alternative dispute resolution through active service and in teaching, lecturing, professional writing, and involvement in related professional associations or public service groups.
- ❖ Recognition and acknowledgement for the highest ethical standards and superior professional achievement.
- ❖ **\$800.00** Annual Membership Dues.

I certify that the above information is true and correct to the best of my knowledge.

Name: _____

Signature: _____

Date: _____

Please return this application to:
American College of Civil Trial Mediators
Kathy Talbot, Executive Administrator
501 North Orlando Ave., Suite 313-306
Winter Park, FL 3289

PH: (407) 843-8878
CELL: 407-404-3533
EM: acctm@acctm.org