



Membership Application

Note: alternatively, you may choose to register for theMAC online @ www.coloradomediation.org/register

Name:			
Organization:			
Mailing address:			
	<i>City:</i>	<i>State:</i>	<i>Zip:</i>
Contact Info:	<i>Work Phone:</i>	<i>Personal Phone:</i>	
	<i>Email Address:</i>	<i>Fax Phone:</i>	
	<i>Website Address:</i>		

CHOOSE MEMBERSHIP LEVEL

	ANNUAL RATE	* <i>Select the appropriate prorated fee to submit with your application based on date of application submission</i>			
		Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
<input type="checkbox"/> PROFESSIONAL	\$120*	\$120	\$90	\$60	\$30
<i>Note: Professional applicants must provide additional information about their training & experience before being approved</i>					
<input type="checkbox"/> Have theMAC staff contact me later for this additional information					
<input type="checkbox"/> STANDARD	\$60*	\$60	\$45	\$30	\$15
<input type="checkbox"/> ASSOCIATE	\$24*	\$24	\$18	\$12	\$6

PAYMENT OPTIONS

1. Check	<ul style="list-style-type: none"> • <i>Make payable to: The Mediation Association of Colorado (The MAC)</i> • <i>Mail this form and check to the address at bottom of this application</i> 		
2. Credit Card	<i>Card Number:</i>	<i>Expiration Date:</i> / /20__	
	<i>Security Code:</i>	<i>Billing Zip Code:</i>	<i>Amount:</i> \$

CONFIRMATION

*I attest that the information provided is correct to the best of my knowledge and belief. In consideration of my acceptance as a member of **theMAC**, I certify that I consent to be governed by the by-laws, to conform to the organization's **Code of Professional Conduct** and to be covered by the **Grievance Procedure**.*

<i>Signature:</i>	<i>Date:</i>
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