Membership Application/Renewal

Wisconsin Association of Mediators

Chapter of Association for Conflict Resolution

P.O. Box 1701 | Appleton, WI 54912 | wiassocmediators@gmail.com | 414-332-8928

Today's Date:_____

Name:_____Organization:_____

Address: _____

City:_____State:_____County:_____Zip: _____

Phone:_____Email:_____

- ❑ New Member Application
- ❑ Renewing Member Application. Member of WAM since _____
- ❑ Member of Association for Conflict Resolution (Membership in ACR, though encouraged, is not required for membership in WAM)

Annual membership in the Wisconsin Association of Mediators is by fiscal year ending December 31st. Fiscal year 2021 dues remain unchanged. Please mark and total all that apply to your annual membership:

- ❑ Individual Membership (a voting member; listed on the WAM "Find a Mediator" website) $75.00 _____
- ❑ Institutional Membership* (a voting member; listed on the WAM "Find a Mediator" website) $195.00 _____

  * This provides three members of the same organization or roster to represent the organization with one membership vote. Please list the representatives here:

  1. _____
  2. _____
  3. _____

- ❑ Volunteer Membership (a non-voting member; not listed on the WAM "Find a Mediator" website) $30.00 _____
- ❑ Student Membership (a non-voting member, must be enrolled as a full-time student to be eligible; not listed on the WAM "Find a Mediator" website) $30.00 _____

TOTAL $_____

_____

$_____

To fill out the membership form and pay online, go to: https://www.wamediators.org/join-now

- ❑ Please find a check enclosed. (Payable to: WI Assoc. of Mediators, P.O. Box 1701, Appleton, WI 54912)

Areas of Practice (check all that apply):

- ❑ Family/Divorce
- ❑ Community
- ❑ Business/Commercial
- ❑ EEO
- ❑ Probate
- ❑ School-based
- ❑ Victim/Offender
- ❑ Labor/Management
- ❑ Small Claims
- ❑ DPI-Special Education
- ❑ Organizational
- ❑ Personal Injury
- ❑ Child Protection
- ❑ Environmental
- ❑ Virtual On-line Mediation
- ❑ Farmer/Lender
- ❑ Adult Guardianship
- ❑ Public Policy
- ❑ Workplace
- ❑ Other (please specify): _____
- ❑ Arbitration
- ❑ Restorative Practices
- ❑ Elder
- ❑ Ombuds

❑ Individual and Institutional Members, please check here if you **DO NOT** want your name and contact information posted on our website.

Committee(s) which I would be willing to serve on:

- ❑ Newsletter
- ❑ Public Relations
- ❑ Legislative
- ❑ Membership
- ❑ Conference Planning
- ❑ Volunteer Coordination

To fill out the membership form and pay online, visit www.wamediators.org.