

## New Member Application Form

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

I. Title: \_\_\_\_\_ Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

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 Attended: \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_

States and Years Licensed to Practice Law: \_\_\_\_\_

State Bar Information:	State	Bar No.
	_____	_____
	_____	_____
	_____	_____

Date 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:**

- a. Devotion to the active profession of civil trial mediation for a period of not less than five (5) years preceding nomination/application and having actually completed a substantial number of general jurisdiction civil dispute mediations.
- b. Support of the mediation and alternative dispute resolution profession through active service and contributions in teaching, lecturing, professional writing, and involvement in related professional associations or public service groups.
- c. Recognition and acknowledgment by members of the profession as evidencing the highest ethical standards and superior professional competence.
- d. \$1,000.00 Membership Fee (\$500.00 Initiation Fee and \$500.00 First Year Annual 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  
20 North Orange Avenue, Suite 704  
Orlando, Florida 32801-4606**

**PH: (407) 843-8878  
FX: (407) 843-1996**