



# 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)
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***Qualifications for Membership as a Fellow:***

- ❖ Active as a civil trial mediator 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](mailto:acctm@acctm.org)**