

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.

Firm Name:			
Office Address:			
WebSite:	Email:		
Law School :		_ Graduation Y	ear:
States and Years Licensed to Practice Law: State Bar No.		Year	
Number of Mediations Conducted:			(Approximate)
Number of Arbitrations Conducted:			(Approximate)
Mediation/Negotiation Training Courses:			
	Office Address:  Office Phone: ()  WebSite:  Law School:  States and Years Licensed to Practice Law: State Bar No.  Whether of Mediations Conducted:  State State State Sar No.  State Sar No.	Office Address:	Office Address:

<sup>′</sup> I r	deferenc	es:		
<u>(2)</u>				
(3)				
	(Name)	(Address)	(Phone)	
Qualif	ications	for Membership as a Fellow:		
	* *	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.		
I certif	y that the	above information is true and correct to the best of my knowledge.  Name:		
		Name: Signature:	-	

Please return this application by email to: American College of Civil Trial Mediators Kathy Talbot, Executive Administrator 501 North Orlando Ave., Suite 313-306 Winter Park, FL 32789

CELL: 407-404-3533

EM: acctm@acctm.org