



# Membership Application/Renewal Wisconsin Association of Mediators

Chapter of Association for Conflict Resolution  
P.O. Box 1701 | Appleton, WI 54912 | [wiasocmediators@gmail.com](mailto:wiasocmediators@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 31<sup>st</sup>. 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 \$ \_\_\_\_\_**

- Please charge my credit card for the total amount. \$ \_\_\_\_\_

Name: \_\_\_\_\_

Card Number: # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

- Please find a check enclosed. (Payable to: WI Assoc. of Mediators)

**Areas of Practice (check all that apply):**

- |   |  |  |  |  |
|---|--|--|--|--|
| <input type="checkbox"/> Family/Divorce | <input type="checkbox"/> Community             | <input type="checkbox"/> Business/Commercial | <input type="checkbox"/> EEO           | <input type="checkbox"/> Probate                   |
| <input type="checkbox"/> School-based   | <input type="checkbox"/> Victim/Offender       | <input type="checkbox"/> Labor/Management    | <input type="checkbox"/> Small Claims  | <input type="checkbox"/> DPI-Special Education     |
| <input type="checkbox"/> Organizational | <input type="checkbox"/> Personal Injury       | <input type="checkbox"/> Child Protection    | <input type="checkbox"/> Environmental | <input type="checkbox"/> Virtual On-line Mediation |
| <input type="checkbox"/> Farmer/Lender  | <input type="checkbox"/> Adult Guardianship    | <input type="checkbox"/> Public Policy       | <input type="checkbox"/> Workplace     | <input type="checkbox"/> Other (please specify):   |
| <input type="checkbox"/> Arbitration    | <input type="checkbox"/> Restorative Practices | <input type="checkbox"/> Elder               | <input type="checkbox"/> 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:**

- |  |   |                                      |                                     |
|--|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Newsletter          | <input type="checkbox"/> Public Relations       | <input type="checkbox"/> Legislative | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Conference Planning | <input type="checkbox"/> Volunteer Coordination |                                      |                                     |

*To fill out the membership form and pay online, visit [www.wamediators.org](http://www.wamediators.org).*