

**MARICOPA COUNTY ASSOCIATION OF FAMILY MEDIATORS  
MCAFM**

**Membership Application - 2009**

Complete and return entire form to MCAFM treasurer – Please make checks payable to: **MCAFM**

**Francine Miller**

PO Box 41716

Mesa, AZ. 85274-1716 Telephone: 602 672-0938

**Please make checks payable to: MCAFM**

Date \_\_\_\_\_

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

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Alternate E-Mail: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

**Primary/other Occupation** (e.g. lawyer/therapist/financial planner): \_\_\_\_\_

\_\_\_\_\_ How long? \_\_\_\_\_

Degree/s: \_\_\_\_\_

Are you a practicing mediator? \_\_\_\_\_ Number of years as practicing mediator? \_\_\_\_\_

Areas of mediation focus: \_\_\_\_\_

Are you a member of ACR (Association for Conflict Resolution)? \_\_\_\_\_

Other memberships: \_\_\_\_\_

**Enrollment category:** ( MCAFM follows the criteria as set forth by ACR)

**Advanced Practitioner:** (Must be current Advanced Family Practitioner member of ACR) **\$50.00**

**Practitioner/ Educator/Researcher:** (40 hours family mediation training course & has practiced in the field for more than 3 years ...or current Practitioner membership in ACR) **\$35.00**

**Associate:** Work in the field without meeting the other category requirements or persons with an interest in the field of mediation and/or our organization. **\$35.00**

**Student:** Full time students with an interest in the field of mediation. **\$15.00**

**Amount enclosed:** \$ \_\_\_\_\_

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Received from: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Category of Membership: \_\_\_\_\_

Date: \_\_\_\_\_ Check # \_\_\_\_\_

**Acknowledgement and Agreement re Conditions of Membership**

**As a condition of membership in the Maricopa County Association of Family Mediators, MCAFM, prospective members shall acknowledge and accept the following rules as approved by the 2008/2009 MCAFM board:**

A. All MCAFM members shall adhere to the ACR “Model standards of Practice for Family and Divorce Mediation” as adopted by the Board on October 28, 2008. (*Copy may be acquired through the ACR website.*)

B. No MCAFM member shall initiate communication with and/or present an unsolicited offer to provide professional services to a respondent/defendant in a family/domestic relations, juvenile, or civil law matter prior to the “service” of the moving papers upon the responding/answering party.

C. Advanced Family Practitioner only:

I have a current Errors and Omissions Insurance policy and have attached a copy of my Declaration of Insurance hereto.

ACKNOWLEDGEMENT:

I, \_\_\_\_\_, have read and understand the rules as written above and agree to be bound by them.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_