SCMA

Southern California Mediation Association

2016 Membership Form

NAME _____ COMPANY/FIRM _____

ADDRESS _____ CITY, STATE, ZIP _____

TEL _____ FAX _____ EMAIL _____

ADMISSIONS - California State Bar: No. _____ /_____ (yr); Other Professional License: No._____ / _____ (yr)
Type of License: _____

MEMBER CATEGORY	**DUES**
☐ STUDENT	**$ 75.00**

Name of College_____
(Must be enrolled in 12 units per quarter/semester in a college/degree program)

☐ PROFESSIONAL MEMBERSHIP **$225.00**

☐ SUSTAINING MEMBERSHIP **$450.00**
(Includes registration to all CLE Programs and Annual Conference during 12 month membership)

☐ NON PROFIT EMPLOYEE **$100.00**
Name of Organization_____

Membership will begin when payment is received and end in 12 months

TOTAL MEMBERSHIP AMOUNT $_____

PLEASE MAKE CHECK PAYABLE TO: **Southern California Mediation Association**

Mail Check To:
SCMA Administration
P. O. Box 3205
Huntington Beach, CA 92605

Or

Fax Your Credit Card Information To: 1-866-441-1810 CVV# _____
☐ Master Card ☐ Visa ☐ AMEX ☐ Discover Credit Card No._____-_____-_____-_____
Name on Card _____ Exp. Date. _____ /_____

Credit Card Address: ___ same as above, if different, please confirm here:
_____

Signature _____ Date _____

☐ Enclosed is my $ _____ donation to the SCMA Education Foundation
($35 suggested donation, but any amount is welcome and appreciated!) PLEASE MAKE CHECK PAYABLE TO:

SCMA Education Foundation
Mail to SCMA Office at:
P.O. Box 3205, Huntington Beach, CA 92605.

**Please note your contribution is tax deductible. Check with your tax advisor.

Thank you for your support of the SCMA.
Phone 1-866-440-7880; Fax 1-866-441-1810 ▪ WWW.SCMEDIATION.ORG / info@scmediation.org

SCMA's Mission Statement: SCMA's mission is to promote mediation, excellence in the practice of mediation, and community awareness of the mediation process through education, dialogue, and outreach.