



SCMA

Southern California Mediation Association

2017-2018 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**

PROFESSIONAL OUT OF STATE MEMBERSHIP **\$125.00**

SUSTAINING MEMBERSHIP **\$495.00**

(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: Or

SCMA Administration
P. O. Box 3205
Huntington Beach, CA 92605

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.SCMEIATION.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.