



# SCMA

## Southern California Mediation Association

### Membership Form

NAME \_\_\_\_\_ COMPANY/FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

TEL/CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

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

#### MEMBER CATEGORY

#### DUES

- SUSTAINING: **\$495.00**
- PROFESSIONAL: **\$225.00**
- GOVERNMENT AGENCY: **\$165.00**
- OUT OF STATE: **\$125.00**
- NON PROFIT EMPLOYEE: **\$100.00**

Name of Organization \_\_\_\_\_

- STUDENT: **\$75.00**

Name of College \_\_\_\_\_

**Membership will begin when payment is received and ends in 12 months**

#### **TOTAL MEMBERSHIP AMOUNT**

\$ \_\_\_\_\_

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

#### Mail Check or Form To:

SCMA Administration  
21515 Hawthorne Blvd., Suite 200  
Torrance, CA 92503

Master Card  Visa  AMEX  Discover Credit Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name on Card \_\_\_\_\_ Exp. Date. \_\_\_\_\_ / \_\_\_\_\_

CVV# \_\_\_\_\_

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:  
21515 Hawthorne Blvd., Suite 200  
Torrance, CA 90503.

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

**Thank you for your support of the SCMA.**

Phone 1-424-351-6471 ▪ [WWW.SCMEDIATION.ORG](http://WWW.SCMEDIATION.ORG) / [info@scmediation.org](mailto: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.*

Revised: July 10, 2019