Membership Application

We invite you to become a charter member of this unique program by completing the Membership Application. *There is no membership fee*. Once you complete and return the application, you will receive an MPME Membership Packet. Take a few minutes, complete the application and join the Maryland Mediators who are making a commitment to excellence. The application can be returned by fax to 410-841-2261 or mailed to: MPME, 900 Commerce Road, Annapolis, MD 21401.

(Please write legibly)

Name: _____ _____ _____
First Name Middle Initial Last Name

Please indicate your daytime contact information below:

Mailing Address: _____ City: _____

County: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Website: _____

Occupation: _____

MPME Membership Directory

Please indicate how you would like your information to appear in the MPME Members' Directory? Please note this is **not** the online mediators' directory. To access the Maryland Directory of Dispute Resolution Practitioners go to www.md-mediate.org

☐ Same as above: ☐ I do not wish to be listed in the MPME Members Directory.

Mailing Address: _____ City: _____

County: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Website: _____

Commitment Affirmation

1. Completion of 40 hours of mediation skills training

I have completed at least 40 hours of mediation skills training.

Please attach verification which can be in the form of a certificate, letter from the program/trainer or other documentation indicating your completion of the training.

2. Commitment to abide by the Maryland Standards of Conduct for mediators and to complete two hours of ethical education each year

I commit to abide by the Maryland Standards of Conduct for Mediators as adopted by the Mediator Excellence Council. I also commit to complete two (2) hours of ethical education each year. I will complete and return the form provided by the MPME indicating the ethical education I have completed each year. (A copy of the Maryland Standards of Conduct for Mediators is available upon request, online at www.marylandmacro.org and a copy will be provided in the Membership Packet).

3. Commitment to cooperate, in good faith, with the MPME Mediation Ombuds Program

I commit to cooperate, in good faith, with the MPME Mediation Ombuds Program. (A copy of the MPME Mediation Ombuds Program is available upon request, online at www.marylandmacro.org and a copy will be provided in the Membership Packet).

4. Commitment to continuing skills improvement

I commit to participate in at least four (4) activities per year, that fall within the broad categories that are represented on the branches and leaves of the MPME Tree. Included activities are those:

1. listed in the membership packet;
2. listed on the MPME website; and
3. any activity that falls within the broad descriptions on the branches and leaves of the MPME Tree.

I will complete and return the form provided by the MPME to list the activities I have participated in during the past year. The MPME will acknowledge the activities of each member annually.

Affirmation

By signing this application, I am affirming that I have completed 40 hours of mediation training and am attaching verification. I am committing to (1) abide by the Maryland Standards of Conduct for Mediators, as adopted by the MPME; (2) complete two hours of ethics education each year; (3) cooperate, in good faith, with the Mediation Ombuds Program; and (4) participate in at least four (4) activities per year, as represented on the branches and leaves of the MPME Tree. I understand failure to abide by my commitments may result in suspension and/or removal from the MPME.

Signature: _____ Date: _____

Optional Demographic Information:

The following information is optional and will not appear on your profile. It will be used to compile aggregate demographic information on mediators in Maryland, which will be used for future outreach efforts and research projects.

How did you learn about the MPME? Check all that apply.

☐ MPME Website ☐ Colleague ☐ MACROSCOPE ☐ MCDR
☐ MACMC ☐ ACR - MD Chapter ☐ MSBA ADR SECTION
☐ Training course ☐ MACRO Listserve
☐ Other: _____

Gender: ☐ Female ☐ Male

Race: (Check all that apply)
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Latino or Hispanic
☐ Native Hawaiian and other Pacific Islander
☐ White

Age: (Check range)
☐ Under 20
☐ 20 - 30
☐ 31-40
☐ 41-50
☐ 51-60
☐ 61-70
☐ 71+

Education: Please check the highest level completed:
☐ High School or GED
☐ Community College Degree: _____ Area of study: _____
☐ Business or Technical School Degree: _____ Area of study: _____
☐ College or University Degree: _____ Area of study: _____
☐ Post Graduate Degree: _____ Area of study: _____

Indicate any professional licences or certifications you have received:

_____

_____

Mediation Practice:

Which mediation approach best describes your mediation?

☐ Community ☐ Evaluative ☐ Facilitative ☐ Narrative ☐ Transformative

What percentage of your current mediation work is voluntary_____paid_____?

What other ADR practices do you handle?

☐ arbitration
☐ conciliation
☐ neutral case evaluation
☐ settlement conference
☐ community conferencing
☐ public policy facilitation
☐ settlement conference facilitation
☐ other