

NAAMA—National African American Mediators Association Membership Application

Name: _____ Title (Mr. Mrs, Ms): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email (primary): _____ Email: _____

Phone (home/Ofc): _____ Phone:(cell): _____

Year of Mediation Certification / Training: _____ City: _____ State: _____

Name of Training / Certifying Organization: _____

Type of Mediation Practice? _____

I Affirm That I Am A Certified Mediator:(sign): _____

Membership Fees

National Membership \$100.00 (required) | Chapter Membership: \$50.00 (required) | Profile Page: \$200.00 | Center Listing: \$150.00

Membership Fees are renewed annually (required)

\$ _____ Individual Membership (required) —you are listed in the Membership Directory

\$ _____ Chapter Membership (required)

\$ _____ Profile Page—page profile of your business (optional)

\$ _____ Mediation Center Listing (optional)

\$ _____ **Total**

Electronic Payments are made by phone or by sending credit card information in a separate email

Send Your Application and Payment (Check/MO) To The Following Address:

NAAMA—Membership
5257 NE Martin Luther King Jr. Blvd
Suite 202-D
Portland OR 97211

NAAMA—Phone: 971-216-9732 | Email: Info@NAAMA.info