



# SCMA

## Southern California Mediation Association

### Membership Form (please print clearly)

NAME \_\_\_\_\_

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

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

**MEMBER CATEGORY**

- |   |                    |
|---|--------------------|
| <input type="checkbox"/> SUSTAINING:          | <b><u>DUES</u></b> |
| <input type="checkbox"/> PROFESSIONAL:        | <b>\$495.00</b>    |
| <input type="checkbox"/> GOVERNMENT AGENCY:   | <b>\$225.00</b>    |
| <input type="checkbox"/> OUT OF STATE:        | <b>\$165.00</b>    |
| <input type="checkbox"/> NON-PROFIT EMPLOYEE: | <b>\$125.00</b>    |
| <input type="checkbox"/> STUDENT:             | <b>\$100.00</b>    |
|   | <b>\$75.00</b>     |

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

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:** \_\_\_\_\_ **CVV#** \_\_\_\_\_

SCMA Administration  Master Card  Visa  AMEX  Discover Credit Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

21515 Hawthorne Blvd., Suite 200 Name on Card \_\_\_\_\_ **Exp. Date.** \_\_\_\_\_ / \_\_\_\_\_

Torrance, CA 92503

Credit Card Address: \_\_\_ same as above, if different, please confirm here:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your support of SCMA.**  
Phone 1-424-351-6471 ▪ [WWW.SCEDIATION.ORG](http://WWW.SCEDIATION.ORG) / [info@scmediation.org](mailto:info@scmediation.org)

*SCMA's Mission Statement*

*SCMA's mission is to nurture, expand, and develop the practice, profession, and community of mediation*