

ASSOCIATION OF SOUTH WEST MEDIATORS

Membership Application Form

FULL NAME	
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BUSINESS ADDRESS	
	Post Code

CONTACT NUMBERS:	OFFICE	
	FAX	
	HOME	
	MOBILE	
	EMAIL	

PRIMARY PROFESSION	
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ACCREDITING BODY	
ACCREDITATION DATE	
<i>Please enclose copies of relevant accreditation certificates. If not accredited, please provide other relevant qualifications or statement of experience</i>	

FACULTY MEMBERSHIP	<i>Please indicate which Faculty/ies you wish to join and whether you would be interested in assisting with the running of the Faculty.</i>			
Faculty	Civil & Commercial	Family	Public Sector	Other – please specify
Membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assist running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CIVIL & COMMERCIAL FACULTY APPLICANTS -				
<i>Please indicate whether you wish to join a Panel</i>	<i>General Disputes Panel</i>	<input type="checkbox"/>	<i>Time limited Panel</i>	<input type="checkbox"/>
<i>Please submit Panel Application Form, Experience Statement and supporting documentation</i>				

MEMBERSHIP FEE:	(Annual Membership £50 plus £25 joining fee)	£75.00
Please attach your cheque for the total amount made out to: "The Association of South West Mediators".		

I AGREE TO BE BOUND BY THE ARTICLES OF ASSOCIATION OF THE ASSOCIATION OF SOUTH WEST MEDIATORS, INCLUDING THE PROCEDURES SET OUT IN THE HANDBOOK, AND AGREE, FOR THE PURPOSE OF THE DATA PROTECTION ACT, THAT THE ASWM MAY PROCESS INFORMATION ABOUT ME.

SIGNATURE	DATE
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