



MII Annual Membership Form - 2007

Name (please print): _____

Organisation (if any): _____

Address: _____

Mobile: _____ Office: _____ Home: _____

Fax: _____ Website: _____

Email: _____

I am applying for the following membership status (*please tick*):

General Member € 100 Certified Member € 140

Associate Member € 100 Practitioner Member € 170

Cheques should be made payable to The MII. Please refer to the Become a Mediator section of the MII web site for information on registration requirements for the different categories of membership.

Areas of interest or practice:

Civil and Commercial Community Family Organisational and Workplace

Restorative Justice Other (*please specify*): _____

Associate, Certified and Practitioner Members must read and sign up to the MII Code of Ethics and Certified and Practitioner Members must confirm that they have appropriate insurance in place for the type and size of their practice.

I declare that:

1. I have read and agree to abide by the MII Code of Ethics (www.themii.ie/code-of-ethics.jsp)
2. I have appropriate insurance in place for my mediation practice (*applicable for Certified and Practitioner Members*)

Signed: _____

Please submit a signed copy of this form with your cheque to the Registrar, The MII, Montana House, Whitechurch, Dublin 16