

MII Volunteer Member Registration Form - 2009

Name (please print): _____

Address: _____

Mobile: _____ Landline: _____

Most MII communications to members is via email, please confirm your email address:

Email: _____

Organisation: _____

I am applying for the following membership status as a volunteer Mediator for 2009 (please tick):

Certified Member (Volunteer) €75 / St£68 Practitioner Member (Volunteer) €90 / St£80

Note: The above reduced registration fees apply only to volunteer Mediators who do not undertake any for-profit mediation work. The registration fee is applicable on a calendar year basis, (January-to-January) and registration requirements as outlined in the Certified Member and Practitioner Member sections of the MII web site apply. Fees may be paid in either Euro or Sterling and cheques should be made payable to The MII. If you are not already registered with the MII, please include support documentation as outlined on the MII web site (<http://www.themii.ie/becoming-mediator.jsp>). If you have any queries regarding your application, please contact the MII Registrar. The terms of Data Protection legislation will apply to information submitted by members to the MII.

Areas of interest or practice:

Civil and Commercial Community Family Organisational and Workplace

Restorative Justice Other (please specify): _____

To be issued with an annual Practising Certificate all MII Certified and Practitioner Members must read and sign up to the MII Code of Ethics (www.themii.ie/code-of-ethics.jsp) and must confirm that they, or the organisation through which they provide their mediation service have appropriate insurance in place.

I declare that:

1. I confirm that I am working as a Mediator on a strictly voluntary basis and do not engage in any for-profit mediation work. In the event that this changes I am aware that my volunteer status will not apply and I will notify the MII of any change to status.
2. I have read and agree to abide by the MII Code of Ethics (www.themii.ie/code-of-ethics.jsp)
3. I have appropriate insurance in place for my mediation practice (applicable for Certified and Practitioner Members)

Signed: _____ Date: _____

Note: It is the responsibility of each Member to liaise directly with the MII and to check that their membership status is properly stated.

To renew your membership, please send a signed copy of this form with a cheque for your registration fee to the Registrar, The MII, Montana House, Whitechurch, Dublin 16. Cheques should be made payable to The MII.