

Integrative Mediation Bay Area IMBA

2016 Membership Application

Name _____ Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

License Type: _____ License #: _____ Date Licensed: _____

Return completed application plus dues to:

Edith Kelly Politis at 1101 5th Ave, Suite 200, San Rafael, CA 94901
ekpolitis@gmail.com

I have met (or will meet) the following conditions for membership in IMBA:

1. 40-hour interest- or understanding-based basic mediation training course
 - I have completed
 - I will complete within 12 months of joining IMBA
 - I am eligible to be considered for "grandfathering" because of my years of experience
2. Basic Integrative Mediation training within 24 months of joining IMBA
 - I have completed
 - I will complete within 24 months of joining IMBA
3. I agree to meet the Continuing Education (CE) requirements as decided by the IMBA Board (currently 12 hours annually)
4. I am a licensed professional
5. I have included current dues (currently \$100)

Signature

Date