

Integrative Mediation Bay Area IMBA

Membership Application

Name _____ Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

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

Return completed application plus dues paid by check 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 expertise
2. Basic Integrative Mediation training within 12 months of joining IMBA
 - I have completed
 - I will complete within 12 months of joining IMBA
3. I agree to obtain 12 hours Continuing Education (CE) Requirements (trainings, IMBA meetings, self-study, writing IMBA articles/blogs, etc.)
4. I carry professional liability insurance for my profession
5. I have included dues in the amount of \$150
6. I agree to be a member of at least one IMBA committee

Signature

Date