

CCMO Membership Application

6064 South Taft Way, Littleton, CO 80127

Member Information: *Please complete the following, as you want it to appear in the membership list.*

Check here if renewing.

Name: _____

Organization: _____

Mailing address: _____

Telephone: office _____ fax _____

home _____ email _____

Web site address: _____

Check here if you do not want your contact information on the website.

Member Dues: *Dues are applied on a calendar-year basis. Please pay the full annual rate for your category. An adjustment will be made to the bill you receive from CCMO for next year.*

Standard This membership is open to any interested individual. The membership entitles the member to one vote, a listing on the website, and receipt of the monthly newsletter.	\$ 85.00 / year	\$ _____
Organizational This membership is entitled to one vote per organization, a listing of the organization on the website, and receipt of the monthly newsletter.	\$ 95.00 / year	\$ _____
Professional Mediator This membership requires fulfillment of any of the three models identified in the attached Professional Mediator Membership Application. Upon submittal and approval of this application, members will receive all privileges of the Standard membership with the added inclusion in the statewide referral database. (Please attach application.)	\$110.00 / year	\$ _____
Student This membership requires a valid student ID or other proof of enrollment. (Please attach.)	\$ 50.00 / year	\$ _____
Volunteer Mediator This membership requires a statement attesting affirmatively that the applicant practices exclusively without monetary compensation. (Please attach statement.)	\$ 50.00 / year	\$ _____
I wish to contribute to the CCMO scholarship fund. (Donations are <u>not</u> tax deductible.)		\$ _____
	TOTAL	\$ _____

Payment Options:

1. Make checks payable to CCMO and mail to the address above

2. Credit card information: (Check One) MasterCard or Visa

Amount: \$ _____ Zip Code (to which card is billed) _____

Card Number: _____ Expiration Date: _____

Print name as it appears on credit card: _____

I attest that the information provided is correct to the best of my knowledge and belief. In consideration of my acceptance as a member of CCMO, I certify that I consent to be governed by the by-laws, to conform to the "Code of Professional Conduct," and to be covered by the CCMO Grievance Procedure.

SIGNATURE

DATE