



The New York State Council
On Divorce Mediation

Membership Form

- * Please enroll me as a member of the New York State Council on Divorce Mediation
- * Enclosed is my check for \$125.00 payable to: NYS Council on Divorce Mediation.
- * Membership entitles you to a listing on our web page. If you would like to be included, please check the appropriate box.
- * Please let us know by checking at the bottom of the page whether you prefer U.S. Mail or Email.

- OPTION A (Free): Directory information with E-Mail Address (listing only, not an active link)
- OPTION B (\$25/yr): Same as option "A" plus Active E-Mail Link
- OPTION C (\$50/yr): Same as option "B" plus Active Web Site Link (include your URL)
- http:// _____

I agree to comply with the Model Standards of Practice of ACR _____
Signature

MAILING ADDRESS/DIRECTORY ADDRESS.

Name:

Address:

City/Town State Zip

County:

Telephone:

Office:

(Optional) Home:

Fax:

E-Mail:

ADDITIONAL DIRECTORY ADDRESS:

Address:

City/Town State Zip

County:

Office:

Fax:

Degrees currently listed after your name (e.g., J.D., M.S.W.)

Would you prefer correspondence by U.S. Mail **or** EMail?