



## Association for Conflict Resolution Dallas Chapter

ACR-Dallas Chapter  
Box 105  
18484 Preston Rd., Suite  
102 Dallas, TX 75252  
[www.dallasacr.org](http://www.dallasacr.org)

### Application for Membership

|                                   |                                |                |
|-----------------------------------|--------------------------------|----------------|
| Today's Date:                     | Salutation: (Mr., Ms, Dr, etc) | First Name:    |
| Middle:                           |                                | Last Name:     |
| Suffix: (Jr, III, PhD, LCSW, etc) |                                |                |
| Mailing Address:                  |                                |                |
| City:                             |                                | State:         |
| Zip Code:                         |                                | County:        |
| Business Phone:                   |                                | Fax #:         |
| Home Phone:                       |                                | Email address: |
| Your Website URL:                 |                                |                |

#### MEMBERSHIP INFORMATION

We currently feature member information on our website. Does Dallas ACR have your permission to be included in its website roster and feature your member information on its website? Check one only:

|  |   |
|--|---|
| <input type="checkbox"/> Yes, Dallas ACR may feature my member information on its website. | <input type="checkbox"/> No, Dallas ACR may not feature my member information on its website. |
|--|---|

Annual dues are displayed below. Dallas ACR dues are valid only for the calendar year of payment. Since its dues are minimal, Dallas ACR regrets its inability to accept pro-rated or carry-over renewals. Please make your check payable to ACR, Dallas Chapter and mail to the address above.

**Member - \$40**

#### EDUCATION - Please list the field, school and date of degree. (This is not a requirement for membership)

|                  |                       |
|------------------|-----------------------|
| Graduate Degree: | Undergraduate Degree: |
| Field:           | Field:                |
| School:          | School:               |
| Date of Degree:  | Date of Degree:       |

Questions? Email [treasurer@dallasacr.org](mailto:treasurer@dallasacr.org)

Continue on reverse side for page 2.

|  |  |               |  |
|--|--|---------------|--|
| <b>PROFESSIONAL EXPERIENCE IN FIELD OF PRACTICE (other than mediation)</b> - You may mail a resume or attach additional information on a separate sheet, if needed. (This is not a requirement for membership) |  |               |  |
| Years Total:   |  | Organization: |  |
| Location:  |  | Dates:        |  |
| Title:   |  |               |  |
| Describe your duties:  |  |               |  |
|  |  |               |  |

**MEDIATION EXPERIENCE:** \_\_\_\_\_ **hours total. (This is not a requirement for membership.)**

In the categories below, please assign an approximate percentage of your total mediation experience listed above in each of the following:

|                             |  |                                    |  |
|-----------------------------|--|------------------------------------|--|
| Business                    |  | Health Care                        |  |
| Community                   |  | International                      |  |
| Consumer                    |  | Ombuds                             |  |
| Court                       |  | Online Disputes                    |  |
| Criminal Justice            |  | Organizational Conflict Management |  |
| Education                   |  | Spirituality/Faith Based           |  |
| Environmental/Public Policy |  | Training                           |  |
| Family/Divorce              |  | Workplace                          |  |

|  |
|--|
| <b>TRAINING IN MEDIATION – (This is not a requirement for membership.)</b>                   |
| In the space below, <b>summarize your training in</b> mediation theory, skills, and process. |
|  |

|  |                                       |                                     |                                  |                                   |
|--|---------------------------------------|-------------------------------------|----------------------------------|-----------------------------------|
| <b>Please check your neutral role and if more than one, rate in order of importance: (This is not a requirement for membership.)</b> |                                       |                                     |                                  |                                   |
| <input type="checkbox"/> Academic  | <input type="checkbox"/> Ombudsperson | <input type="checkbox"/> Arbitrator | <input type="checkbox"/> Trainer | <input type="checkbox"/> Mediator |

|   |            |
|---|------------|
| Please <b>sign and date</b> this application in the box below. Your signature certifies that, to the best of your knowledge, all information in this application is true and correct. |            |
| Date:   | Signature: |
|   |            |