



Mediators India

MEMBERSHIP SECONDED BY:

NAME OF SECONDER:

SIGNATURE:

DATE:

PLACE:

I confirm that the information and documents that I have provided/attached to this application form are true and accurate.

SIGNATURE OF APPLICANT:

DATE:

PLACE:

PLEASE NOTE:

1. THOSE APPLYING FOR INDIVIDUAL MEMBERSHIP MUST SUBMIT PROOF OF THE COURSE/S TAKEN CERTIFYING SUCH PERSON TO BE A MEDIATOR. (COPY OF THE CERTIFICATE/S)
2. GRANTING OR REFUSING MEMBERSHIP SHALL BE AT THE DISCRETION OF THE EXECUTIVE COMMITTEE.
3. PROPOSER AND SECONDER OF THE MEMBERSHIP APPLICATION SHOULD BE MEMBERS OF MEDIATORS INDIA.
4. APPLICANTS WISHING TO ADD AN ADDITIONAL SHEET WITH A BIODATA/CV TO ELABORATE ON POINT 7 & 8 OF THE FORM MAY DO SO.

Registered Office: E110, 16th Cross Street, Besant Nagar, Chennai 600 090, Tamil Nadu.

Phone: 044-42075155 **Website:** <http://www.mediatorsindia.com/>

[A national association of mediators registered as a society under the Tamil Nadu Societies Registration Act, 1975. Regn. No. 582 of 2017]