



Full Name of
organisation:

Name of organisation applying for membership

Street address:

City

State

Postcode

Key contact in the
organisation (e.g.
Executive Officer)

Name of other key contact

Position

Phone:

Phone details of your key contact

Email:

Email address of your key contact

Name of
authorised
representative(s):

Representative 1

*Representative 2 – only applies for RMABs with more than 100
nationally accredited mediators*

Phone:

Phone details of your Representative

Phone details of your Representative

Email:

Email address of your representative

Email address of your representative

The Applicant acknowledges that the Board may, in its absolute discretion, refuse this application for membership. If admitted as a member of the Company, the Applicant agrees to be bound by the Constitution governing the Company and to pay any membership fees associated with the class of membership to which it is applying.

Signed by the
authorised
signatory

Date

Printed name of
authorised
signatory

Position



Application for Membership of the Mediator Standards Board Ltd (continued)

The categories of membership applicable are:

	Membership 1 June – 31 May of each year	Please cross [X] only one box
• RMAB with more than 50 mediators accredited to the NMAS	\$400	<input type="checkbox"/>
• RMAB with up to 50 mediators accredited to the NMAS	\$200	<input type="checkbox"/>
• Professional Organisation Member – being a professional or service organisation that has at least 30 mediator members accredited under the NMAS and that is not a RMAB	\$200	<input type="checkbox"/>
• Representative Organisation Member – being a national or state based representative organisation that has 3 or more RMAB members	\$200	<input type="checkbox"/>
• Education and training providers that provide training as set out in the Approval Standards to no less than 25 participants per year	\$200	<input type="checkbox"/>
• Government Member – being: <ul style="list-style-type: none"> ○ a Commonwealth government agency nominated by the Commonwealth Attorney-General’s Department and that is not an RMAB or ○ a government agency from each State and Territory nominated by the Attorney-General or equivalent in each State or Territory and that is not an RMAB with ADR policy expertise 	No fee	<input type="checkbox"/>
• Community Organisation Member – being a community or state based mediation organisation that is not a RMAB	\$200	<input type="checkbox"/>
• Consumer organisation member	No fee	<input type="checkbox"/>

Membership fees are non-refundable and inclusive of GST.

PLEASE NOTE that all applications for membership must be approved by the MSB Board of Directors. Do not send payment with this application. A tax invoice will be forwarded to you after the application is approved.

If applying for membership as a Recognised Mediator Accreditation Body (RMAB), please complete the following page as well.



RMAB Checklist (if applicable)

I _____
name *position*

of _____
organisation

confirm the following
(please place a cross in each box)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I am the senior officer of the organisation or am authorised by the organisation to certify the matters herein |
| <input type="checkbox"/> | The organisation has more than ten mediator members accredited under the National Mediator Accreditation System |
| <input type="checkbox"/> | The organisation provides a range of members services such as, an ability to provide access to or refer mediators to ongoing professional development workshops, seminars and other programs and debriefing, or mentoring programs |
| <input type="checkbox"/> | The organisation has a complaints system that meets Benchmarks for Industry-based Customer dispute resolution or is able to refer a complaint to a Scheme that has been established by Statute |
| <input type="checkbox"/> | The organisation has sound governance structures, is financially viable & has appropriate administrative resources |
| <input type="checkbox"/> | The organisation has sound record-keeping in respect of the approval of practitioners and the approval of any in-house, outsourced or relevant educational courses |
| <input type="checkbox"/> | The organisation has the capacity and expertise to assess training and education that may be offered by a range of training providers in respect of the training and education requirements set out in these Standards |
| <input type="checkbox"/> | I acknowledge the requirement for an RMAB to be a financial member of the Mediator Standards Board (MSB) and that the MSB may adopt eligibility criteria for different classes of membership and at its discretion, approve or refuse an application for membership. |

For these reasons, the organisation meets the criteria for membership of the Mediator Standards Board as a Recognised Mediator Accreditation Body (RMAB).

Signature: _____

Date: _____