



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	<b>\$200</b>	<input type="checkbox"/>
• RMAB with up to 50 mediators accredited to the NMAS	<b>\$100</b>	<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	<b>\$100</b>	<input type="checkbox"/>
• Representative Organisation Member – being a national or state based representative organisation that has 3 or more RMAB members	<b>\$100</b>	<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	<b>\$100</b>	<input type="checkbox"/>
• Government Member – being: <ul style="list-style-type: none"> <li>○ a Commonwealth government agency nominated by the Commonwealth Attorney-General’s Department and that is not an RMAB or</li> <li>○ 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</li> </ul>	<b>No fee</b>	<input type="checkbox"/>
• Community Organisation Member – being a community or state based mediation organisation that is not a RMAB	<b>\$100</b>	<input type="checkbox"/>
• Consumer organisation member	<b>No fee</b>	<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 also complete the following page.



**RMAB Checklist (if applying as a Recognised Mediator Accreditation Body)**

I \_\_\_\_\_  
*name* *position*

of \_\_\_\_\_  
*organisation*

confirm the following

I confirm that our organisation meets the following conditions:  
(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 capacity and expertise to assess whether training, education, assessment and CPD undertaken by applicants for accreditation or renewal of accreditation meet the respective requirements specified in the <i>Approval Standards</i> ;
<input type="checkbox"/>	The ability to provide or refer members to CPD activities as outlined in Section 3.5 of the <i>Approval Standards</i> ;
<input type="checkbox"/>	A complaints system that meets the Benchmarks for Industry-based Customer Dispute Resolution Schemes, or the ability to refer a complaint to a scheme that has been established by statute;
<input type="checkbox"/>	Sound governance structures, financial viability and appropriate administrative resources;
<input type="checkbox"/>	Sound record-keeping in respect of mediators accredited under the NMAS;
<input type="checkbox"/>	At least 10 mediators accredited under the NMAS who are bona fide members, panellists or employees.
<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: \_\_\_\_\_