Pakistan Mediators Association

ASSOCIATE MEMBERSHIP FORM

Membership No. (Office Use Only): _____

Date of Application: ____ / ____ / _____

1. PERSONAL INFORMATION

Full Name: _____

Father's / Spouse's Name: _____

CNIC / Passport No.: _____

Date of Birth: _____

Nationality: _____

Gender: ☐ Male ☐ Female ☐ Other

2. CONTACT DETAILS

Residential Address:_____

City: _____

Province/State: _____

Country: _____

Mobile No.: _____

WhatsApp No.: _____

Email Address: _____

3. PROFESSIONAL INFORMATION

Current Designation: _____

Organization / Firm / Institution: _____

4. EDUCATIONAL QUALIFICATIONS

Degree/Qualification Institution Year:_____

5. NAME OF MEDIATION ACCREDITATION INSTITUTION / ORGANISATION

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6. REASON FOR SEEKING ASSOCIATE MEMBERSHIP

7. DECLARATION

I hereby apply for Associate Membership of the Pakistan Mediators Association (PMA). I declare that the information provided in this application is true and correct to the best of my knowledge. I agree to abide by the Constitution, By-Laws, Code of Conduct, Rules, Regulations, and policies of PMA as amended from time to time.

Applicant's Signature: _____

Date: ____ / ____ / _____

DOCUMENTS REQUIRED

i) Copy of CNIC / Passport

ii) Recent Passport-size Photograph

iii) Updated CV / Resume

iv) Copies of Educational Certificates

vi) Copies of Mediation / ADR Training Certificates (if applicable)

vii) Proof of Professional Affiliation (if applicable)

OFFICE USE ONLY

Application Received On: _____

Membership Committee Review:

☐ Approved

☐ Not Approved

Remarks:

Membership Category: **Associate Member**

Approved By:

Secretary General: _____

President: _____

Date: ____ / ____ / _____