



MIDWEST ALLIANCE FOR MINDFULNESS MEMBERSHIP APPLICATION

Member/Organization Name: _____

Address: _____

City/State _____ Zip: _____ Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: (____) _____

How did you hear about us? _____

For which membership category do you wish to apply (check one + dues interval)?

<input checked="" type="checkbox"/>	Category	Benefits	Dues
<input type="checkbox"/>	Practitioner <i>Mindfulness practitioners who would like the connection, support and shared resources of a nonsectarian mindfulness community and agree to MAM's Intention Statement for Practitioners</i>	<ul style="list-style-type: none"> Discounted sponsored events Members only practice group Newsletter 	<input type="radio"/> \$15 mo <input checked="" type="radio"/> \$150 yr
<input type="checkbox"/>	Mindfulness Informed Professional (MIP) <i>Service providers who utilize the attitudes and practices of mindfulness in their professional work with others and agree to MAM's Intention Statement for MIPs</i>	<i>Practitioner benefits +</i> <ul style="list-style-type: none"> Inclusion in Professional Directory (annual members only) Professional meetings/trainings 	<input type="radio"/> \$20 per month <input checked="" type="radio"/> \$200 per year
<input type="checkbox"/>	Trained Mindfulness Teacher (TMT) <i>Professionals who can document that they are Trained, Qualified or Certified in teaching mindfulness based interventions (MBIs), agree to MAM's Intention Statement for TMTs and uphold Good Practice Guidelines for Mindfulness Teachers</i>	<i>MIP benefits +</i> <ul style="list-style-type: none"> Inclusion in Professional Directory (annual members only) Opportunities for leading MAM sponsored events Inclusion in Speakers Bureau (annual members only) 	<input type="radio"/> \$30 per month <input checked="" type="radio"/> \$300 per year
<input type="checkbox"/>	Mindfulness Teacher Trainer (MTT) <i>Certified Mindfulness Teachers approved to mentor/train other teachers, agree to MAM's Intention Statement for MTTs, and uphold Good Practice Guidelines for Trainers</i>	<i>TMT benefits +</i> <ul style="list-style-type: none"> Priority listing in Professional Directory (annual members only) Opportunities to train & mentor MIPs through MAM (annual only) 	<input type="radio"/> \$35 per month <input checked="" type="radio"/> \$350 per year
<input type="checkbox"/>	Mindfulness Informed Organization (MIO) <i>Organizations in the community that wish to be a part of building and sustaining a mindfulness community in the Midwest and agree to MAM's Intention Statement for MIOs</i>	<i>Practitioner benefits +</i> <ul style="list-style-type: none"> Inclusion in Professional Directory (annual members only) Representation at professional meetings Discounted access to Speakers Bureau for events 	<50 employees: <input type="radio"/> \$100 mo <input checked="" type="radio"/> \$1000 yr 50-99 employees: <input type="radio"/> \$200 mo <input type="radio"/> \$2000 yr 100+ employees: <input type="radio"/> \$300 mo <input type="radio"/> \$3000 yr

Agreement:

By becoming a member of Midwest Alliance for Mindfulness (MAM), I agree to the [Intention Statement](#) for my above-indicated category as well as the [Terms of Service & Use Agreement](#) for all MAM members (see attached). *TMT & MTT applicants must also provide a current CV or resume and relevant certificates of training.*

Signature _____

Date _____



MAM CONSENT, AGREEMENT OF RELEASE, AND WAIVER OF LIABILITY

Welcome to the Midwest Alliance for Mindfulness (MAM). We are honored to join you in the journey ahead. It is our sincerest wish that our services and guidance are of benefit to you. Please read this document carefully and raise any questions and concerns that you have before signing it.

Nothing is without risk and the journey into mindfulness is no exception. Mindfulness and meditation education, training and practice are not substitutes for medical or mental health treatment. If you are working with a health professional, you are encouraged to speak with them about the advisability of incorporating mindfulness practices before engaging in any services with MAM. Although mindfulness can be a helpful complement to treatment, adverse effects may arise in certain circumstances. In addition to creating opportunities for equanimity, relaxation and peace, these practices can lead to an acute awareness of unpleasant thoughts, intense emotions, or uncomfortable body sensations. We want you to know in advance that difficult experiences can also be a part of a mindfulness practice. If you find yourself struggling with your experience during a meeting, you should discontinue the practice, do what you need to in order to care for yourself, and ask your guide for support.

Certain forms of yoga and meditation may produce a deep state of relaxation that can continue for many hours after the meeting ends. You may need to refrain from driving a vehicle immediately after a meeting until you feel fully alert and capable of responding to the situations that may arise while driving. Ask your guide for assistance if you need help obtaining transportation home from a meeting.

Many of MAM's classes include yoga and/or other forms of mindful movement. As with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. Above all else, you are encouraged to listen to and honor your body. If you experience any pain or discomfort during a meeting, you should immediately discontinue the activity and ask your guide for support. Physical contact between participant and guide can sometimes be helpful during yoga. If you do not wish to be touched, you are expected to inform your guide before the start of each meeting.

Yoga/mindful movement may not be safe under certain medical conditions. You are encouraged to verify with your health provider that your health and physical condition will allow you to safely participate in your activities with MAM. You are expected to make your guide aware of any medical conditions, changes in your health, or any physical limitations before each meeting. In addition, if you are pregnant, become pregnant or are post-natal or post-surgical, you are expected to let your guide know and to acquire your physician's approval to participate.

I affirm that I alone am responsible to decide whether to practice mindfulness and that participation in MAM events and activities is voluntary and at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against MAM, its guides, and the facilities in which we meet. I expressly agree that this release shall be binding upon my heirs, executors, administrators and assigns. By signing this Waiver and Release of Liability, I acknowledge that I have read it in full and understand all of its terms. I execute it voluntarily with full knowledge of its significance.

Printed Participant Name

Email Address

**Printed Legal Guardian Name (if participant is a minor)

Signature of Participant (or Legal Guardian)

Date

May you enjoy the many benefits of practicing mindfulness with MAM!