

SMCS Arbitrator Information and Renewal Form

Return completed form to SMCS headquarters (Sacramento).

I. Arbitrator name: _____

Business phone: _____ Home phone: _____
fax number: _____ email address: _____

II. Mailing addresses (if more than one, indicate which is your preferred address):

Northern California _____

Central California _____

Southern California _____

III. Regional Listings

Indicate the regions of the state for which you wish to be referred. **In doing so, you agree to bill from an address in the region (as above), or from the regional office of SMCS (or in Central CA, the state building in Fresno), or your regular office (if closer).**

___ Northern CA (SF) ___ Central CA (Fresno) ___ Southern CA (LA)

IV. Availability/Renewal of Listing

Mark the statement below that applies to your situation:

_____ I am currently able to offer the parties at least five dates within a sixty-day period after selection;

_____ I am currently available, but may not have five dates to offer the parties within a sixty-day period after selection; or

_____ I do not wish to be listed by SMCS until _____ (enter date or "further notice").

Your signature indicates your agreement to the regional listing requirements and your understanding that the parties will receive your mailing address:

SIGNATURE _____ **DATE** _____