

# New Jersey Association for the Treatment of Sexual Abusers

## Agency Membership Application DCF/DHS/DMHAS & Other NJ Contract Agencies

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AGENCY NAME

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AGENCY CONTACT PERSON

TITLE

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AGENCY ADDRESS

STREET

CITY

STATE

ZIP

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( )  
PHONE

( )  
FAX

EMAIL ADDRESS FOR ALL ANNOUNCEMENTS

Please add a description of the agency or any information that you would like posted in the public NJATSA Membership Directory. Take a look at the directory at [www.njatsa.org](http://www.njatsa.org) for examples. Please write clearly:

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### Terms:

- Cost is \$25 for one year or \$40 for two years.
- Not intended for clinical staff (psychiatrists, psychologists, or clinical social workers). This is intended for front line staff and managers/supervisors working with consumers who have committed sex offenses or have sexually abusive histories. Clinical staff must apply for individual, clinical membership with ATSA/NJ ATSA.
- The name and email on this application will be used for all future correspondence and announcements.

Fee enclosed \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please send completed application and check for the appropriate amount to Dr. Martin Krupnick, 75 W. Main St., Freehold, NJ 07728