

New Jersey Association for the Treatment of Sexual Abusers

75 West Main Street
Freehold, New Jersey 07728
(732) 431-2663 fax (732) 409-3634

Agency Membership Application Probation, Parole, Prosecutor's Office

Agency Name _____

Name of Person Completing Application _____

Title _____

Agency Address _____

Street _____

CITY _____

State _____

Zip _____

() _____

Phone

() _____

Fax

E-Mail Address for all announcements _____

Description of Agency: _____

Terms:

- Cost is \$20 per year for each local office.
- Not intended for clinical staff (psychiatrists, psychologists or clinical social workers) but 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/NJATSA.
- If you will be sending more than five staff to a presentation, please e-mail us so we can ensure that we have seating to accommodate your staff.
- The name and e-mail on this application will be used for all future correspondence and announcements.

Signature: _____

Date: _____

Fee enclosed \$ _____

Please make check payable to NJ-ATSA

Please send completed application and check for \$20 per agency/office to NJ-ATSA c/o Dr. Martin Krupnick, 75 W. Main St., Freehold, NJ 07728-2114