New Jersey Association for the Treatment of Sexual Abusers

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

This application is for individual members only. (Probation, parole, and prosecutor's office staff are members via their agency)

New Membership Application

TYPE OF MEMBERSHIP CLINICAL (\$25) ASSOCIATE (\$25)

(PLEASE CIRCLE) STUDENT (\$10) Send copy of student ID with application

NOTE: YOU MUST BE A MEMBER OF NATIONAL ATSA TO JOIN NJ ATSA

NAME	DEGREE			
PREFERRED MAILING ADDRESS (inc	ude agency name if this is the mailing	g address)		
STREET	CITY	STATE/ZIP	County	
()	()			
Daytime Phone	Fax	E-Mail Address		
IMPORTANT: DO YOU MEMBERSHIP DIRECT IF NOT, ENTER ADDR LISTED IN DIRECTOR	TORY? YES / NO. ESS FOR WEBSITE B			
Fee enclosed <u>\$</u>	Please make che	Please make check payable to NJ ATSA		
I am a current memb	er of national ATSA in goo	d standing		
	cation in to national ATSA			
wiy application to ha	ional ATSA was accepted	on this date		
New Applications sent afte year.	SIGNATURE October 1 will be valid fo	^··-	DATE ar and the following	
Please add information to source of referrals that will Take a look at the directory	l be posted on the NJATSA	A website and distributed	in paper copies.	

County of practice:

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