New Jersey Association for the Treatment of Sexual Abusers

New Membership Application

TYPE OF MEMBERSHIP:

☐ **CLINICAL ($25)** ☐ **ASSOCIATE ($25)** ☐ **AFFILIATE ($25)**

☐ **STUDENT ($10)** **Send copy of student ID with application**

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

☐ I am a current member of national ATSA in good standing
NOTE: ATTACH COPY OF ATSA MEMBERSHIP TO APPLICATION

☐ My application to national ATSA was accepted on this date _____
NOTE: ATTACH COPY OF ATSA MEMBERSHIP NOTICE TO APPLICATION

_____
NAME **DEGREE**

_____
PREFERRED MAILING ADDRESS (include agency name if this is the mailing address)

_____
STREET **CITY** **STATE/ZIP** **County**

( ) ( )
Daytime Phone **Fax** **E-Mail Address**

DO YOU WANT THE ABOVE INFORMATION POSTED IN THE PUBLIC MEMBERSHIP DIRECTORY?

☐ YES ☐ NO

IF NO, PLEASE ENTER THE DESIRED ADDRESS AND CONTACT INFORMATION FOR THE DIRECTORY BELOW:

Also, please add any information that you would like to be posted in public NJATSA Membership Directory. The directory may be a source of referrals that will be posted on the NJATSA website and distributed in paper copies. Take a look at the directory at www.njatsa.org for examples. Please write clearly.

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

New Applications sent after October 1 will be valid for the remainder of the year and the following year.