

New Jersey Association for the Treatment of Sexual Abusers

Individual Membership Renewal Application

TYPE OF MEMBERSHIP:

CLINICAL (\$15) ASSOCIATE (\$15) AFFILIATE (\$15)

***** \$25 if application is submitted after January 31st *****

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

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

Please review your information in the NJ ATSA 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.

I have reviewed/approve my listing for the NJ ATSA directory.

I have reviewed my listing for the NJ ATSA directory and would like the following changes:

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