

New Jersey Association for the Treatment of Sexual Abusers

Individual Membership Renewal 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

NAME DEGREE

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

STREET CITY STATE/ZIP County

() () E-Mail Address

Daytime Phone Fax

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 \$ 25 _____ _____

SIGNATURE DATE

**Please send completed application and check for \$25 payable to NJ-ATSA to:
NJ-ATSA c/o Dr. Martin Krupnick, 75 West Main St., Freehold, NJ 07728-2114**