

2023 ATSA Associate Member Renewal Invoice

Send Payment to:
Association for the Treatment and Prevention of Sexual Abuse
 9450 SW Gemini Drive Suite 24121
 Beaverton, Oregon 97008-7105
 membership@atsa.com
 Phone: (503) 643-1023
 Fax: (503) 643-5084



1. Professional Contact Information		
Prefix	Suffix	Degree, License, Credentials to appear after your name
First Name	Middle Name or Initial	Last Name
Professional Agency/Organization		
Professional Address		
Professional Address (continued)		
Professional City	State/Province/Country	Zip/Postal Code
Professional Phone and Extension	Other Phone	
Professional Email (Primary)	Other E-mail Address (only used by ATSA staff)	
2. Mailing Address for ATSA Mailings		
Mailing Address		
Mailing Address (continued)		
Mailing City	Mailing State/Province	Zip Code/Postal Code
Mailing Country (If other than USA)		
If analogous organizations and/or individuals involved in research endeavors request the ATSA mailing list, I consent to have my name included on that list. Yes <input type="checkbox"/> No <input type="checkbox"/> <i>ATSA does not sell member information.</i>		

3. Demographics (optional)			
a. Date of Birth (dd/mo/yr):			
b. Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say
c. Race and Ethnicity (select all that apply)			
<input type="checkbox"/> Aboriginal, Indigenous, or First Nations	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Biracial _____			
<input type="checkbox"/> Hispanic, Latin, or Spanish	<input type="checkbox"/> Middle Eastern or North American		
<input type="checkbox"/> Pacific Islander or Hawaiian Native	<input type="checkbox"/> White or European		
<input type="checkbox"/> If you don't see yourself reflected in these options, please tell us about your race and ethnicity:			
<i>Reasons for collecting information on ethnicity and race:</i>			
Race and ethnicity information is now being asked because we believe collecting this demographic data helps identify needed improvements to the diversification of our membership and associated benefits. It is also a way to be able to strengthen our ability to provide services to clients of all ethnic and racial communities. Our selections are based on the 2020 US Census Race/Ethnicity guidelines.			
4. ATSA Membership Data			
This information will appear in the Members Only section of the ATSA website. If requested, this information will be provided in response to requests for referrals received at the ATSA office.			
<input type="checkbox"/> Yes, add me to the referral list		<input type="checkbox"/> No, not at this time	
Agency:			
County:			
(County not needed for members in Alaska, Canada or outside of the US)			
a. Identified Discipline (choose one best answer)			
<input type="checkbox"/> Psychology	<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Social Work	
<input type="checkbox"/> Medicine/Psychiatry	<input type="checkbox"/> Counseling	<input type="checkbox"/> Law	
<input type="checkbox"/> Administration	<input type="checkbox"/> Other:		
b. Identified Profession (choose one best answer)			
<input type="checkbox"/> Therapist/Treatment Provider	<input type="checkbox"/> Assessor/Evaluator	<input type="checkbox"/> Researcher/Academician	
<input type="checkbox"/> Probation/Surveillance Officer	<input type="checkbox"/> Attorney/Judge	<input type="checkbox"/> Victim Advocate	
<input type="checkbox"/> Sex Offender Program Administrator	<input type="checkbox"/> Other:		
c. Primary Job Function (choose one best answer)			
<input type="checkbox"/> Administrative	<input type="checkbox"/> Clinical Outpatient	<input type="checkbox"/> Probation/Parole	
<input type="checkbox"/> Clinical Inpatient	<input type="checkbox"/> Education	<input type="checkbox"/> Research	
<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Other:		

d. How Do You Define Your Services (check all that apply)	
<input type="checkbox"/> Alcohol/Drug Abuse	<input type="checkbox"/> Probation/Parole
<input type="checkbox"/> Civil Commitment Evaluations/Treatment	<input type="checkbox"/> Program for non-adjudicated Offenders
<input type="checkbox"/> Community Mental Health	<input type="checkbox"/> Psychiatric Hospital
<input type="checkbox"/> Community SO Outpatient	<input type="checkbox"/> Psychosexual/Forensic Evaluations
<input type="checkbox"/> Employment or Housing Advocacy/Services	<input type="checkbox"/> Residential
<input type="checkbox"/> Faith-based Sex Offender Treatment	<input type="checkbox"/> Services for non-offending pedophiles
<input type="checkbox"/> Polygraphy	<input type="checkbox"/> University/College
<input type="checkbox"/> Prison/Jail	<input type="checkbox"/> Victim Advocacy
<input type="checkbox"/> Other:	
e. Client Population Served (check all that apply)	
<input type="checkbox"/> Adult Males	<input type="checkbox"/> Developmentally Disabled Adults
<input type="checkbox"/> Adult Females	<input type="checkbox"/> Developmentally Disabled Adolescents
<input type="checkbox"/> Adolescent Males	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Adolescent Females	<input type="checkbox"/> Abuse Reactive Children
<input type="checkbox"/> Pre-pubescent Males (12 and under)	<input type="checkbox"/> Families of Adolescents/Children who Offend
<input type="checkbox"/> Pre-pubescent Females (12 and under)	<input type="checkbox"/> Family/Spouse of Adults who Offend
f. Dual Language (check all that apply)	
<input type="checkbox"/> American Sign	<input type="checkbox"/> French
<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other:	
g. Physiological Assessment (check all that apply)	
<input type="checkbox"/> Viewing Time	<input type="checkbox"/> PPG
<input type="checkbox"/> Polygraph	
h. Consultation/Training (check all that apply)	
<input type="checkbox"/> Treatment of Adolescents who Sexually Offend	<input type="checkbox"/> Program Evaluation
<input type="checkbox"/> Treatment of Adults who Sexually Offend	<input type="checkbox"/> Psychosexual Assessments
<input type="checkbox"/> Children with Sexual Behavior Problems	<input type="checkbox"/> Registration Notification
<input type="checkbox"/> Civil Commitment Services	<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> Community Management Strategies	
i. Remote Phone/Video Teletherapy Options	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

