

2023 ATSA Retired 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 Journal and 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>		
I would like to receive the hard copy Journal by mail <input type="checkbox"/> or only access online <input type="checkbox"/>		

3. ATSAList

Restrictions on Use of the LIST SERVE: I agree not to use the list serve to send or post any message or material that is illegal, harassing, libelous, defamatory, abusive, threatening, harmful, vulgar, obscene, profane, pornographic, offensive, intentionally inaccurate, or otherwise objectionable. I also agree not to use this list serve to communicate information or material that encourages conduct that could constitute a criminal offense, give rise to civil liability, or otherwise violate any applicable local, state, national or international law or regulation. **Under no circumstances will ATSA be liable in any way for any unauthorized or illegal use of the list serve, or any loss or damage of any kind incurred as a result of that unauthorized or illegal use.**

Choose one:

- Individual postings (may be 5 to 50 emails per day)
List Serve email address: _____
- Digest Version (compilation of daily discussions, 1 or 2 emails per day)
List Serve email address: _____
- I DO NOT wish to participate in electronic discussion group

4. Demographics (optional)

a. **Date of Birth** (dd/mo/yr):

b. **Gender** Female Male Non-binary Prefer not to say

c. **Race and Ethnicity** (select all that apply)

Aboriginal, Indigenous, or First Nations Asian Black or African American

Biracial _____

Hispanic, Latin, or Spanish Middle Eastern or North American

Pacific Islander or Hawaiian Native White or European

If you don't see yourself reflected in these options, please tell us about your race and ethnicity:

Reasons for collecting information on ethnicity and race:

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.

5. 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.

Yes, add me to the referral list No, not at this time

Agency:

State County:

(County not needed for members in Alaska, Canada or outside of the US)

a. **Identified Discipline** (choose one best answer)

Psychology Criminal Justice Social Work

Medicine/Psychiatry Counseling Law

Administration 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	

6. ATSA Membership Terms

I agree to support the objectives of the Association and to read and abide by the provisions of the ATSA Practice Guidelines and Professional Code of Ethics, which may include having my name published in the Forum newsletter in the event of an ethical sanction against me by the ATSA ethics committee.

I understand that if I am charged with a felony, am accused, investigated, and/or involved in unprofessional or unethical conduct, or am denied membership in or terminated from a professional organization, I must fax or email information pertaining to the allegations and/or investigations to ATSA within two weeks of the event, or I risk my membership being denied or revoked.

I understand that any false, inaccurate, or misleading information, including omissions provided on this form may result in my membership being denied or revoked.

I agree that I will not forward or share ATSA List Serve emails outside of subscribed ATSA membership. Failure to abide by the ATSA List Serve Terms of Usage may result in removal from the List Serve and/or ATSA Membership.

By renewing my membership, I agree to the above noted statements and affirm that all the information I am providing is true, accurate and complete.

x Member Signature

Date:

7. Payment (Dues are not pro-rated and are based on the calendar year January - December)

Are you a part of an ATSA Chapter? Yes No Remember to renew your chapter membership too!

\$ 75.00 2023 ATSA Retired Member

\$ 35.00 Suggested Donation (optional) for Public Policy and Prevention Efforts (*May Not Be Tax Deductible*)

\$ Total amount to be charged to credit card (USD)

Method of Payment: Check Money Order Visa Amex MasterCard Discover

Security Code:

(last 3 digits on back of card, or 4 digits on front of card if using AMEX)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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CREDIT CARD NUMBER

EXPIRATION DATE

(Exchange rates are set by credit card companies, not by ATSA, so fees may vary slightly based on current exchange rates.)

Name and Billing Address as it appears on card statement

Authorized credit card signature: