



Association of Traumatic Stress Specialists Membership Renewal/Application

Please help us keep our database accurate.

Name: _____ Credentials: _____
(Please limit to 4)

ATSS Membership # (if applicable) _____ ATSS Certification # (if applicable) _____

Title: _____ Employer: _____

Mailing Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Home: _____ Cell: _____ Email _____

Please check all that apply: (payable in US funds only)

Type of Membership Dues	1 YEAR	2 YEAR	Total
Senior (65+)/Student	50.00	90.00	\$ _____.00
Individual	85.00	160.00	\$ _____.00
Agency/Team for 5 Members	225.00	450.00	\$ _____.00
International Journal of Emergency Mental Health (Optional Subscription for Domestic-USA)	80.00		\$ _____.00
International Journal of Emergency Mental Health (Optional Subscription for Canadian)	100.00		\$ _____.00
International Journal of Emergency Mental Health (Optional Subscription International)	115.00		\$ _____.00
Donation- Contributions of gifts to ATSS may be deductible as charitable contributions for income tax purposes. All dues are deductible by members as an ordinary and necessary business expenses			\$ _____.00
			TOTAL \$ _____.00

Payment Information

Enclosed Check # (payable to ATSS) _____ for \$ _____.00 (please include total from above)

Paying by Credit Card:

Please charge the credit card as show below in the amount of \$ _____.00 (please include total from above)

____ Mastercard ____ Visa ____ American Express ____ Discover

Card # _____ Expiration Date: _____ CSC # _____

Billing Address: Same as above: ___ YES ___ NO

If no, please provide information below

For MasterCard or Visa, it's the last three digits in the signature area on the back of your card. For American Express, it's the four digits on the front of the card.

Street _____ City _____

State/Province _____ Zip Code _____ Country _____

Cardholders Name _____ Signature _____ Date _____