



## Association for Treatment and Training in the Attachment of Children

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The Association for Treatment and Training in the Attachment of Children is a non-profit organization committed to education, training, and advocacy for all parties interested in attachment and bonding issues. Please consider becoming an ATTACH member and/or making a tax-deductible donation to ATTACH.

ATTACH does not knowingly accept members who have been convicted of a criminal offense against a child. Professional members must agree to abide by the ATTACH Professional Practice Manual and their respective professional organization's code of ethics. Non-clinical members are expected to exercise good judgment based on the best interest of the child and family. ATTACH Position Papers can be found at [www.ATTACH.org](http://www.ATTACH.org).

**By submitting this membership form: I declare that I have read and understand the above statements, I declare that I have never been convicted of a criminal offense against a child, and I acknowledge my agreement to abide by ATTACH's standards and policies.**

YES, I WOULD LIKE TO BECOME A MEMBER OF ATTACH

All members of ATTACH will be listed in the Membership Directory which is available to all members online on the Member's Only site.

I would not like to be listed in the Membership Directory

Please take a moment to fill out the following information and return to the ATTACH office. This will help us serve you better and increase the involvement of the membership in our activities.

Name: \_\_\_\_\_

Professional Affiliation/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

How did you hear about ATTACH? \_\_\_\_\_

Check what best describes your main status (may choose one in each category):

Professional Category

Psychologist

Psychiatrist

Social Worker

Therapist

Administrator

Case Worker

Parent/Other Category

Student

Foster parent

Therapeutic parent

Adoptive parent

Parent of a child with attachment problems

Other (please specify, i.e. educator) \_\_\_\_\_

My area of specialization and level of training are: \_\_\_\_\_

I would like to work on the following committee(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Membership                  | <input type="checkbox"/> Research                     |
| <input type="checkbox"/> Newsletter                  | <input type="checkbox"/> Education                    |
| <input type="checkbox"/> Conference                  | <input type="checkbox"/> Other (Please Specify) _____ |
| <input type="checkbox"/> Marketing/ Fund Development |   |

**Level of Membership** (Membership year is July 1 – June 31)

- |  |  |
|--|--|
| <input type="checkbox"/> Advocate Organization             | \$350 annual fee                           |
| <input type="checkbox"/> Employee of Advocate Organization | \$ 70 annual fee                           |
| <input type="checkbox"/> Professional Associate            | \$150 annual fee                           |
| <input type="checkbox"/> Parent/Student/Advocate           | \$ 55 annual fee                           |
| <input type="checkbox"/> Newsletter Only                   | \$ 40 annual fee                           |
| <input type="checkbox"/> Registered Clinician              | \$175 annual fee + \$25 for new applicants |
| <input type="checkbox"/> Registered Organization           | \$400 annual fee + \$25 for new applicants |
| <input type="checkbox"/> Employee of Registered Org.       | \$ 80 annual fee                           |

Non clinical registrations must be accompanied by this form and your registration fee.

Clinical registrations must be accompanied by this form, your registration fee, and the completed clinical registration packet, which can be found at [www.attach.org](http://www.attach.org).

**Method of Payment**

Check Enclosed \_\_\_\_\_

Please charge my: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send this form, your payment, and  
your clinical registration packet (if applicable) to:

ATTACH  
P. O. Box 533  
Lake Villa, IL 60046  
Phone 866-453-8224  
Fax 847-356-7856