



Association for Treatment and Training in the Attachment of Children

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.

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

Parent/Other Category

Psychologist

Student

Psychiatrist

Foster parent

Social Worker

Therapeutic parent

Therapist

Adoptive parent

Administrator

Parent of a child with attachment problems

Case Worker

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):

- Membership Research
 Education Other (Please Specify) _____
 Conference Other (Please Specify) _____
 Marketing/ Fund Development

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

- Advocate Organization \$350 annual fee
- Employee of Advocate Organization \$ 70 annual fee
- Professional Associate \$150 annual fee
- Parent/Student/Advocate \$ 55 annual fee
- Registered Clinician \$175 annual fee + \$25 for new applicants
- Registered Organization \$400 annual fee + \$25 for new applicants
- 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.

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 19122
Minneapolis, MN 55419
fax 1-612-866-5499