Membership Form

The Association for Training on Trauma and Attachment in 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.

☐ New Membership ☐ Renewal

Level of Membership
Parent: $60 annual fee
Student/ Advocate: $60 annual fee
Professional Associate/ Clinician: $150 annual fee
Advocate Organization: $350 annual fee
Employee of Advocate Organization: $70 annual fee
Registered Clinician*: $175 annual fee
Registered Organization* : $400 annual fee (+ $25 if initial app.)
Employee of Registered Organization*: $80 annual fee (+ $25 if initial app.)

*Note: Registered Clinicians and Organizations need to submit a full application only every three years. Otherwise, you are required to submit the membership renewal form and pay the annual membership fee. If you do not yet have registered status, but are interested in becoming registered, please complete the application, which can be found at www.attach.org under the Membership tab.
An additional $25 is due upon submission of a new registration application only for Registered Clinicians and Organizations.

Please fill out this form and send it, along payment, to:

ATTACh
3001 Metro Drive, Ste. 290
Bloomington, MN 55425
Phone: 612-861-4222
Email: attachorg@gmail.com
Fax: 612-866-5499
Annual Membership is based on your personal date of application. You will be sent renewal information prior to the anniversary of your personal date.

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

Signature________________________________________ Date ______

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

Name: __________________________________________

Organization (if applicable): __________________________

Title (if applicable): ________________________________

Address: _________________________________________

City: ______________ State: _____ Zip: _______

Telephone: Work: ___________ Home: ___________

Fax: ___________ Email: _________________________

Website: _______________________________________

How did you hear about ATTACH?: ___________________

Year first joined ATTACH: _______________ Date of Current Renewal: _______________

Occupation: (check all that apply)

☐ Parent of a child w/ attachment issues  ☐ Adoptive Parent
☐ Social Worker  ☐ Foster Parent
☐ Psychologist  ☐ Psychiatrist
☐ Therapist  ☐ In Private Practice
☐ Occupational Therapist  ☐ Therapeutic Parent
☐ Administrator  ☐ Student
☐ Other (Please Specify):

My areas of specialization and level of training are:

__________________________________________________________________________

__________________________________________________________________________

☐ Please send me information about ATTACH committees and how I can help with the work of ATTACH
Method of Payment

☐ Check Enclosed    ☐ Card

If you wish your charge card processed manually please provide the following information.

Please charge my:

Visa ___ MasterCard ___ American Express ___ Discover ___

Card Number ____________________________________________________

Expiration Date __________ Security Code __________ Billing Zip Code __________

Signature ___________________________________________ Date _________________

Thank you for your interest in ATTACh!
We welcome your membership and participation in our vital work and community.