



# Association for Training on Trauma and Attachment in Children

## 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](http://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](mailto: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)

- |   |  |
|---|--|
| <input type="checkbox"/> Parent of a child w/ attachment issues | <input type="checkbox"/> Adoptive Parent     |
| <input type="checkbox"/> Social Worker                          | <input type="checkbox"/> Foster Parent       |
| <input type="checkbox"/> Psychologist                           | <input type="checkbox"/> Psychiatrist        |
| <input type="checkbox"/> Therapist                              | <input type="checkbox"/> In Private Practice |
| <input type="checkbox"/> Occupational Therapist                 | <input type="checkbox"/> Therapeutic Parent  |
| <input type="checkbox"/> Administrator                          | <input type="checkbox"/> Student             |
| <input type="checkbox"/> Other (Please Specify):                |  |

My areas of specialization and level of training are:

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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.**