



AZ CHAPTER OF THE ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS  
PO Box 327  
GILBERT, AZ 85299-0327

## ***Membership Application/Renewal form***

**NOTE: In order to be a member of the state chapter of ATSA (AzATSA), one must first be a member of the national ATSA organization.**

If you are an ATSA member and want to become a member of the state chapter, please complete the membership form below and return it, along with \$45.00 dues for the current calendar year. No receipts will be returned to you, so please maintain your own check record. If you prefer, you may use Paypal but be sure to email this form also.

Annual dues must be paid to receive a member reduced rate to the Annual Conference.

If you are not yet an ATSA member, an application is available at [www.atsa.com](http://www.atsa.com) or calling (503) 643-1023. After you have applied to ATSA, you may send this application and membership fees to the address below. Please notify Marcy Wilkerson, Treasurer, when your ATSA membership is accepted, so the AzATSA membership roster can be updated. See the AzATSA website: [AzATSA.com](http://AzATSA.com).

Mail to: AzATSA PO Box 327 Gilbert, Az 85299-0327  
Email to: [Marcy@mountainvalleyaz.com](mailto:Marcy@mountainvalleyaz.com)

Questions: Marcy Wilkerson, AzATSA Treasurer @ (602) 679-3195

Check One:  I am renewing my AzATSA membership  
 I would like to become a new AzATSA member

Check One:  I am a current member of ATSA  
 I have applied for membership in ATSA

Please Print:

Name (& professional credentials): \_\_\_\_\_

Company name: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Check is enclosed for \$45.00  I paid using Paypal (receipt enclosed)

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*For Office Use*

Date paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_