



DDPTP First Time Reduced Membership 2007

**REMIT TO: International Society for
the Study of Trauma and Dissociation
8201 Greensboro Dr. Suite 300
McLean, VA 22102 USA**

**Phone: 703-610-9037
Fax: 703-610-9005
<http://www.isst-d.org>**

To become a member of ISSTD, please complete and return the following:

Name & Credentials _____

Organization _____

Primary Address _____

City, State & Zip _____

Country _____

Business Phone _____

Business Fax _____

E-mail _____

Note: By providing ISSTD your e-mail address you agree to receive ISSTD information via e-mail.

Mailing Address _____

City, State & Zip _____

Country _____

MY MAILING ADDRESS IS: Business Home

Please select this box if you would like a hard copy of the journal. **Add \$12**

Haworth Press Journals (optional)

Haworth Press is offering ISSTD members a 20% discount on the journals listed below. Each year is comprised of 1 volume of 4 issues except JAMT which is 2 volumes-8 issues)

Journal of Child Sexual Abuse (Vol 16)

US \$38.40 CAN \$52 International \$56
\$ _____

Journal of Aggression, Maltreatment & Trauma (Vols 13-14)

US \$96 CAN \$129.60 International \$139.20
\$ _____

Journal of Emotional Abuse (Vol 7)

US \$36 CAN \$48.80 International \$52
\$ _____

Journal of Forensic Psychology Practice (Vol 7)

US \$48 CAN \$64.80 International \$69.90
\$ _____

Journal of Psychological Trauma (Vol 6)

US \$38.40 CAN \$52 International \$56
\$ _____

PREFERENCES

Online membership directory (✓)

I would like only a **partial listing** in the membership directory (includes name/city/ country of business address).

Absolutely do not list me in the membership directory at all.

Referrals (✓)

Please post my information in the public area of the ISSTD Web site for people seeking a therapist. I understand that by checking this box, I agree that my contact information may be distributed to potential clients. (*Referral option open only to full Professional Members*)

PROFESSIONAL INFORMATION

Please Select Your Current Professional Discipline listing(s):

Psychology Psychiatry Medicine Nursing Social Work
Counseling Psychotherapy Other _____

Please Select Your Current Specialty Area listing(s):

adulthood childhood adolescence forensics
 research education

MEMBERSHIP INFORMATION

Dues for January 1, 2007 to December 31, 2007

Includes *ISSTD News*, access to the Atrium, and the *electronic version of Journal of Trauma & Dissociation*.

- Regular Member - \$90**
 Affiliate Member \$54.50

**Student are required to be full-time and fax or mail proof of student status*
For members outside of the USA please go to www.isst-d.org for a list of reduced dues based on country.

TOTAL ENCLOSED (US funds only)

\$ _____

Membership dues paid to ISSTD cannot be deducted as charitable contributions, but may be deductible for federal income tax purposes as ordinary and necessary business expenses. Contributions to ISSTD may be tax deductible. Consult your tax advisor for individual assistance in specific situations.

PAYMENT OPTIONS

- Check or Money Order in US funds (payable to the International Society for the Study of Trauma & Dissociation) Visa
 MasterCard AMEX

Credit card # _____

Expiration date: _____

Cardholder
signature: _____

PAYMENT INFORMATION:

International Society for the Study of Trauma & Dissociation
8201 Greensboro Drive, Suite 300, McLean, VA 22102, USA

See our web site for more information on Trauma and Dissociation!

Web site: <http://www.isst-d.org>