



International Society for the Study of Trauma and Dissociation

Phone: (703) 610-9037 • Fax: (703) 610-0234 • www.isst-d.org

YOUR CONTACT INFORMATION HERE – Section 1

Name & Credentials _____

Organization _____

Primary Address _____

City, State/Province _____

Postal Code, 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/Province _____

Postal Code, Country _____, _____

MY MAILING ADDRESS IS: Business Home

PREFERENCES – Section 2

Online membership directory (✓)

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

Do not list me in the membership directory at all.

Referrals (✓)

post my information in the public area of the ISSTD Web site for people seeking a therapist. I agree that my contact information may be distributed to potential clients.

Contact me about potential donor or sponsorship ideas.

Yes, I know someone who may be interested in membership with ISSTD. Please contact me.

Send me information about volunteering for ISSTD

PROFESSIONAL INFORMATION – Section 3

Please Circle Your Current Professional Discipline listing(s):

Psychology Psychiatry Medicine Nursing Social Work
Counseling Psychotherapy Other _____

Select Your Current Specialty Area listing(s): adulthood childhood

adolescence forensics research education

Component Group Affiliation– Section 4

Please Indicate Name of your Component Group:

How long have you been a member of this Component Group?: _____

2009 DDPTP New Member Membership Application Form

PAYMENT INFORMATION – Section 5

ISSTD Special DDPTP Dues through December 31, 2009

Includes *online ISSTD News*, access to the Members' Corner, and the *electronic version of Journal of Trauma & Dissociation*.

Annual Dues\$ 90.00 USD

ISSTD members will all have access to the online Newsletter in an electronic format. Please select this box if you would like a printed copy of the Newsletter.

Add \$30 \$ _____

2009 Development Campaign Donation

Funds support ISSTD educational projects. Use this convenient means to make your donation.

General Fund Donation \$ _____

ISSTD Affiliate Journals (optional)

Taylor and Francis is offering ISSTD members a 20% discount on the journals listed below. Each volume is comprised of 4 printed issues except JAMT which is 2 volumes-8 issues

Journal of Child Sexual Abuse (Vol 17)

US \$48 CAN \$69 International \$74 \$ _____

Journal of Aggression, Maltreatment & Trauma (Vols 16-17)

US \$120 CAN \$174 International \$186 \$ _____

Journal of Emotional Abuse (Vol 8)

US \$48 CAN \$69 International \$74 \$ _____

Journal of Forensic Psychology Practice (Vol 8)

US \$60 CAN \$87 International \$93 \$ _____

Journal of Psychological Trauma (Vol 7)

US \$48 CAN \$69 International \$74 \$ _____

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 – Section 6 **PAYMENT IN US DOLLARS**

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

Credit card # _____

Expiration date: _____

Cardholder signature: _____

AUTO RENEWAL(renew my membership annually)

REMIT PAYMENT TO:

International Society for the Study of Trauma & Dissociation
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