



# International Society for the Study of Trauma and Dissociation

## 2020 ISSTD Membership Application

### Section 1: Enter Your Contact Information Here

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Province: \_\_\_\_\_

Postal Code/Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

City/State/Province: \_\_\_\_\_

Postal Code/Country: \_\_\_\_\_

My Primary Address is:  Business  Mailing

### Section 2: Professional Information

**Please circle your current professional discipline(s):**

Psychology    Psychiatry    Medicine    Nursing

Social Work    Counseling    Psychotherapy

Other \_\_\_\_\_

### Section 3: Pricing Information (select one)

**Pricing Valid from 01/01/2019 through 12/31/2020**

*Includes ISSTD News, access to ISSTDWorld and the electronic version of the Journal of Trauma & Dissociation. All fees are in USD*

Regular Member - \$237     Student Member - \$115

Retired Member - \$106     International\* (see below)

Emerging Professional Member - \$142

### Section 4: Student Member Information

School? \_\_\_\_\_

Degree? \_\_\_\_\_

Anticipated Graduation Year? \_\_\_\_\_

### Section 5: Optional Items

Print Copy *Journal of Trauma & Dissociation* \$27.00

Optional General Fund Donation \$\_\_\_\_\_ *Thank you!*

### Section 6: Payment Options

**(a) Please Make Checks Payable to ISSTD**

**(b) Pay with Credit Card**



Credit Card Type: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

CVV (3 or 4 Digits): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Total Amount: \_\_\_\_\_

I, \_\_\_\_\_, authorize ISSTD to charge the amount stated above.

#### **Remit Checks to:**

ISSTD || 4201 Wilson Blvd 3rd Floor || Arlington, VA 22203

#### **Remit Credit Card Payments to:**

(a) ISSTD || 4201 Wilson Blvd 3rd Floor || Arlington, VA 22203

(b) Fax to (888) 966-0310

### Additional Information

**Membership Cycle:** ISSTD Membership is now Anniversary based. This means that membership will be valid for one year from the join date for all new/returning members.

**\*International Members:** For members who reside outside of the US and Canada fees may be based on a sliding scale if you reside in a Country that is classified by the World Bank as an Upper Middle Income, Lower Middle Income or Low Income Country. Please contact us at [membership@isst-d.org](mailto:membership@isst-d.org) if you wish to join using the sliding scale.

By applying for or renewing my membership in ISSTD, I agree to abide by the ISSTD Code of Conduct, a copy of which is available on the ISSTD website.

**Questions? Contact (844) 994-7783 or [membership@isst-d.org](mailto:membership@isst-d.org)**  
**Visit us Online at [www.isst-d.org](http://www.isst-d.org)**