

Section I: Contact Information

Name:

Need to Update Your Information?

I need to change my:

Address:

City/State/Province:

Postal Code/Country:

Business Phone:

Business Fax:

Email:

Section II: License/Employer Information

(Required)

Clinician

License Type:

License Number:

State/Province:

Non-Clinician

Supervising Body:

Supervisor Name/Email:

Section III: Membership Type (Select One)

Regular Member

Retired Member

Student Member

Emeritus Member

Emerging Professional Member

Section IV: Membership Price Tier* (Select One)

Tier I

Tier III

Tier V

Tier II

Tier IV

Tier VI

Section V: Student Member Information

School:

Degree:

Anticipated Graduation Year:

Section VI: Emerging Professional Information

Date of Licensure/Graduation:

Section VII: Optional Items

Print Copy *Journal of Trauma & Dissociation* \$27

Optional Donation: \$

General Fund

Education & Research Fund

Caul Fund

Fridley Fund

Goodwin Educational Fund

Section VI: 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.

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.

Membership Price Tier: Membership fees are based on location and World Bank Rates. A full listing of the countries included in each tier is available on the Individual Membership page of the ISSTD website. Failure to mark the correct tier may result in a delay in membership processing.

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.