

Section I: Contact Information

Name:
 Credentials:
 Organization:
 Business Address:

 City/State/Province:
 Postal Code/Country:
 Business Phone:
 Business Fax:
 Email:
 Mailing Address:

City/State/Province:
 Postal Code/Country:

My Primary Address is: Business Mailing

**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.