

**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: Length of Membership**

One Year

One-Year, Auto-renew

Two-Year

**Section VI: Student Member Information**

School:

Degree:

Anticipated Graduation Year:

**Section VII: Emerging Professional**

**Information** Date of Licensure/Graduation:

**Section VIII: Optional Items**

Print Copy *Journal of Trauma & Dissociation* \$30

Optional Donation: \$

General Fund

Education & Research Fund

Caul Fund

Fridley Fund

Goodwin Educational Fund

**Section IX: 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.**