



Individual Membership Application

ATN membership runs for 12 consecutive months from the date first joined. Members can join online at www.attachtrauma.org or by mailing or faxing this form with payment, or by calling 1-888-656-9806



Touching Trauma At Its Heart

Individual Basic Membership \$35 per year

For parents, extended family members, caregivers, and concerned friends.

- Electronic Subscription to ATN's Therapeutic Parenting Journal (3x a year)
- Discounts on webinars/live classes in ATN's Learning Center
- Free online Members Only chats in ATN's interactive classroom.
- Free membership in one of ATN's online support groups, either email or Facebook, offering 24/7/365 peer support (parents only)
- Access to on-line archives library, past issues of newsletter and other member-only benefits.
- ATN Advocates FB group

Individual Sustaining Membership \$50 per year

For parents, extended family members, caregivers, and concerned friends.

- Electronic Subscription to ATN's Therapeutic Parenting Journal (3x a year)
- Discounts on webinars/live classes in ATN's Learning Center
- Free online Members Only chats in ATN's interactive classroom.
- Free membership in one of ATN's online support groups, either email or Facebook, offering 24/7/365 peer support (parents only)
- Access to on-line archives library, past issues of newsletter and other member-only benefits.
- ATN Advocates FB group

PLUS:

- Printed version of ATN's Therapeutic Parenting Journal
- Recognition in ATN's Annual Report as someone who is helping to build the VOICE for traumatized children & families.

Join ATN Now

I give permission for ATN to give my name and email (only) to other families in my area seeking peer support or wanting to get together locally.

Yes No

Name _____

I give permission to ATN to include my name, email address and yahoo ID in an online directory that will be placed in the Members Only area of ATN's website (accessible only by ATN members; not general public)

Yes No

Address _____

City/State/Zip _____

Mail payment to: ATN
P.O. Box 164
Jefferson, MD 21755

Phone (type) _____ E-mail _____

Fax this form/cc info to: 301-473-9399
Call Lorraine @ 888-656-9806 to pay by phone.

Method of Payment Check Cash

Visa MasterCard Type of membership _____

Credit Card # _____ Security Code _____ Exp. date _____

Discover Total Paid: _____

Signature _____



Professional Membership Application

ATN membership runs for 12 consecutive months from the date first joined. Members can join online at www.attachtrauma.org or by mailing or faxing this form with payment, or by calling 1-888-656-9806



Touching Trauma At Its Heart

Professional Membership—Individual \$100 per year

For therapists, social workers, psychologists, adoption professionals and others working with traumatized children and their families.

- A year's subscription to ATN's *Therapeutic Parenting Journal* (3x a year) - printed version mailed to you.
- A listing in the Professional Member directory of ATN's Journal.
- Access to the Members Only area of the website.
- Discounts on webinars/live classes in ATN Learning Center
- Designation on the website resource list of Professional Member
- ATN Advocates FB group
- Access to the Online Classroom*
- Individual Membership Scholarships to share with client families (when funding is available)**

**Professional members can rent/reserve ATN's online class for their own educational use. Contact ATN Executive Director for more information.*

***Contact Membership Director (srg621@gmail.com) for scholarship information.*

Professional Membership—Organization \$250 per year

- Same benefits as above for up to 5 designated professionals in your practice.
- Up to 5 professionals listed on website/in Journal directory

Join ATN Now	
Name	I give permission for ATN to give my name and email (only) to other families in my area seeking peer support or wanting to get together locally. Yes No
Address	I give permission to ATN to include my name, email address and yahoo ID in an online directory that will be placed in the Members Only area of ATN's website (accessible only by ATN members; not general public) Yes No
City/State/Zip	Mail payment to: ATN P.O. Box 164 Jefferson, MD 21755
Phone (type) E-mail	Fax this form/cc info to: 301-473-9399 Call Lorraine @ 888-656-9806 to pay by phone.
Method of Payment	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Credit Card # Security Code Exp. date	Type of membership _____ Total Paid: _____
Signature	