



Special Membership Offer

Join APSAC by May 31, 2015 and save 10% on your dues.

Use this form or join online by inserting MIPSAC15 in the Discount Code in Payment Options.

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN
Membership Application (January 1st – December 31st)

Use this application for both Individual and Group (see below) membership.

Members who join after January will receive APSAC materials for that current year, regardless of the membership join date. Membership benefits include online subscription to Child Maltreatment, APSAC’s quarterly journal and APSAC Advisor newsletter. APSAC Membership includes State Chapter membership if your State Chapter has signed a State Chapter Agreement with APSAC.

Profile Information

Prefix (circle): Mr. Ms. Mrs. Dr. Name: _____
 Professional Certification: _____ Title: _____
 Agency/Company: _____
 Address: _____
 City, State, Zip: _____
 Country (Other Than U.S.): _____
 Phone: _____ Fax: _____
 E-mail: _____ Referred by: _____
 Degree: _____

Field of Practice

Please mark appropriate items in each column to indicate the best description of your work.

- | DISCIPLINE | FUNCTION | AREA OF EXPERTISE | POPULATION SERVED |
|---|---|--|--|
| <input type="radio"/> Child Protective Services | <input type="radio"/> Administrator | <input type="radio"/> Neglect | <input type="radio"/> Child Victims |
| <input type="radio"/> Education | <input type="radio"/> Child Interviewer | <input type="radio"/> Physical Abuse | <input type="radio"/> Adolescent Victims |
| <input type="radio"/> Law | <input type="radio"/> CPS Worker | <input type="radio"/> Prevention | <input type="radio"/> Adult Survivors |
| <input type="radio"/> Law Enforcement | <input type="radio"/> Clinician | <input type="radio"/> Sexual Abuse | <input type="radio"/> Offenders |
| <input type="radio"/> Medicine | <input type="radio"/> Defense Counsel | <input type="radio"/> Psychological Maltreatment | <input type="radio"/> Families |
| <input type="radio"/> Ministry | <input type="radio"/> Investigator | <input type="radio"/> Other | <input type="radio"/> Other |
| <input type="radio"/> Nursing | <input type="radio"/> Judge | | |
| <input type="radio"/> Psychiatry | <input type="radio"/> Probation Officer | | |
| <input type="radio"/> Psychology | <input type="radio"/> Prosecutor | | |
| <input type="radio"/> Social Work | <input type="radio"/> Researcher | | |
| <input type="radio"/> Sociology | <input type="radio"/> Therapist | | |
| <input type="radio"/> Other | <input type="radio"/> Victim-Witness Advocate | | |
| | <input type="radio"/> Other | | |

Cultural Group Identification

- African American Asian American Native American Caucasian/European American Latino/Hispanic Other

How Did You Hear About APSAC?

- Word of Mouth Advertisement Conference Mailing Other

Please be sure to complete page 2.

Please Select Price Option

Salary Range

Annual Income Above \$50,000
Annual Income Between \$30,000 - \$50,000
Annual Income Under \$30,000
Student Membership

(Verification of full-time student status required)

One-Year Membership (check one)

~~\$135.00~~ \$121.50
 ~~\$110.00~~ \$ 99.00
 ~~\$85.00~~ \$ 76.50
 ~~\$65.00~~ \$ 58.50

Group Membership

A 10% discount is offered for each NEW membership fee when 5-9 individuals from one agency join at the same time. A 20% discount is offered for each NEW membership fee when 10 or more individuals from one agency join at the same time. **To take advantage of this discount, complete this form for all applicants. All forms must be submitted at the same time, with payment, to receive the discount.**

Payment - All payments must be made in U. S. funds

\$ _____ is enclosed for membership dues

\$ _____ is enclosed for a hard copy of the journal, Child Maltreatment (**\$30 is required to receive a hard copy of the journal; online access is available to all members at no additional charge as a part of their membership.**)

\$ _____ is enclosed as a voluntary, tax-deductible gift to support special APSAC Projects.

\$ _____ **\$20 addition postage is required for applicants outside the United States.**

Payment Method

Check # _____ Money Order Visa MasterCard Amex Discover

Card # _____ Expires _____

Signature _____ Sec. Code _____

Total Amount Enclosed \$ _____

Fax this New Member form with payment to 614.251.6005. Mail form with check/money order/PO/credit card information to:

APSAC
1706 East Broad Street
Columbus, OH 43203

Please Note: In applying for membership, professionals certify compliance with the APSAC code of ethics as well as the professional and ethical standards of all laws and regulations relating to their respective profession or field. Membership in APSAC does not certify professional competence.

Questions? Please contact us at 877.402.7722, e-mail: apsac@apsac.org, or visit our website at www.apsac.org.