AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN
Membership Application (January 1st – December 31st or July 1st – June 30th)

*Use this application for Individual, Group, and Organizational (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.

**In what field(s) do you have professional training or certification?**
- [ ] Child Protective Services
- [ ] Education
- [ ] Forensic Interviewing
- [ ] Law
- [ ] Law Enforcement
- [ ] Medicine
- [ ] Ministry
- [ ] Nursing
- [ ] Psychiatry
- [ ] Psychology
- [ ] Public Policy
- [ ] Social Work
- [ ] Sociology
- [ ] Other

**What role(s) best describes your current job?**
- [ ] Academic
- [ ] Administration
- [ ] Child/Case Level Advocacy
- [ ] Child Interviewer
- [ ] CPS Worker
- [ ] Clinician
- [ ] Defense Counsel
- [ ] Educator
- [ ] Investigator
- [ ] Judge
- [ ] Law Enforcement
- [ ] Policy Advocate
- [ ] Probation Officer
- [ ] Prosecutor
- [ ] Researcher
- [ ] Student
- [ ] Therapist
- [ ] Trainer
- [ ] Victim-Witness Advocate
- [ ] Other

**In what setting(s) do you currently work?**
- [ ] Academia
- [ ] Child Advocacy Center
- [ ] Federal Government
- [ ] Local Government
- [ ] Medical/Health Care Facility
- [ ] Non-profit Agency
- [ ] Private Practice
- [ ] State Government
- [ ] Other
Area(s) of expertise:

- Administration
- Advocacy
- Interviewing
- Investigation
- Expert Witness/Testimony
- Neglect
- Physical Abuse
- Prevention
- Psychological Maltreatment
- Public Health
- Public Policy
- Research
- Sexual Abuse
- Treatment
- Other

Cultural Group Identification

- Asian/Pacific Islander
- Black
- Latino/Hispanic
- Native American
- White
- Multiracial
- Other

How Did You Hear About APSAC?

☐ Conference  ☐ Colleague  ☐ Mailing  ☐ Online Advertisement  ☐ Search Engine  ☐ Social Media  ☐ Other

If you selected “Conference” above, please list which conference referred you: ____________________________

APSAC Membership Agreement

I certify that no government or professional disciplinary body has found that I have abused, molested, victimized, or committed a violent crime against a child or other vulnerable persons.

Initials: ____________

I certify that I will abide by The APSAC Code of Ethics in my professional practice.

Initials: ____________

I certify that all information in this application is true and correct.

Initials: ____________

Please Select Price Option

One-Year Membership (check one)

- Student Membership (Verification of full-time student status required) ☒ $30.00
- Front Line-CPS and Law Enforcement ☒ $40.00
- Retired Member ☒ $65.00
- Young Professional (5 or fewer years out of school) ☒ $95.00
- Full membership/Professional ☒ $145.00
- Supporting/Sustaining Member ☒ $195.00

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.
Organizational Memberships

<table>
<thead>
<tr>
<th>Staff Range</th>
<th>Number of Logins</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 or fewer</td>
<td>5</td>
<td>$250</td>
</tr>
<tr>
<td>21 to 100</td>
<td>5</td>
<td>$350</td>
</tr>
<tr>
<td>101 to 400</td>
<td>10</td>
<td>$500</td>
</tr>
<tr>
<td>500 to 999</td>
<td>10</td>
<td>$750</td>
</tr>
<tr>
<td>over 1,000</td>
<td>10</td>
<td>$900</td>
</tr>
</tbody>
</table>

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.
$__________ 20 addition postage is required for applicants outside the United States.

Payment Method

☐ Check #___________  ☐ Money Order

Credit Cards: For your protection, we ask that you only enter your credit card information if you are paying in-person at a conference/event. If you plan on mailing or emailing this form, please leave this section blank, and we will send an emailed invoice to be paid online. If you’d like the invoiced emailed to an address other than the one listed above, please provide it on the signature line.

☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover

Card #__________________________Signature__________________________

Total Amount Enclosed  $__________

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

APSAC
1706 East Broad Street
Columbus, OH 43203

APSAC members represent a broad diversity of professional disciplines, geographic locations and conceptual orientations. Membership in APSAC in no way constitutes an endorsement by APSAC of any member’s level of expertise or scope of professional competence.

In advertising professional services, no member shall utilize the APSAC name or logo, or state or imply that APSAC has certified his or her professional competence.

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