International Society for Traumatic Stress Studies

Membership Application - 2011

Dues are based on a calendar year (Jan 1 – Dec 31) and are not prorated.
Dues received after October 1 will expire Dec. 31 of the following calendar year.

MAILING ADDRESS

Full Name: _____ Credentials _____
Company/Organization _____
Address 1 _____
Address 2 _____
City _____ State/Prov _____ Zip/Postal _____
Country: _____

INFORMATION TO BE LISTED IN ONLINE MEMBERSHIP DIRECTORY

☐ Same as Mailing Address
☐ Exclude from directory

Company _____
Address 1 _____
Address 2 _____
City _____ State/Prov: _____ Zip/Postal _____
Country: _____
Phone: _____ Fax: _____
E-mail Address: _____

Membership Rates: (Lower income countries may have a reduced rate – see rates at www.istss.org)

☐ Regular Member (with print journal + electronic access) = **$200** ☐ Regular Member (electronic journal only) = **$180**
☐ Student Member (with print journal + electronic access) = **$100** ☐ Student Member (electronic journal only) = **$ 80**

For current members of ISTSS Affiliate Societies (AfSTSS, ALFEST, ASTSS, CPA-TSS, DeGPT, ESTSS, JSTSS, and SAPsi) (Circle your Society)

☐ Regular Member (with print journal + electronic access) = **$164** ☐ Regular Member (electronic journal only) = **$144**
☐ Student Member (with print journal + electronic access) = **$ 84** ☐ Student Member (electronic journal only) = **$ 64**

Student Applicants (must complete to be considered as a Student Member): I certify that I am:

a) Involved at least half-time in a degree-granting program or formal training program that fosters professional development..... ❒ Yes ❒ No
b) In good standing in their training program..... ❒ Yes ❒ No
c) No more than 2 years post-graduation status from highest degree that I have undertaken (may include post-doctoral, masters, or bachelors degree). ❒ Yes ❒ No

Advisor or Training Director Information (required)

Please have your advisor or training director certify the above statements by printing their name, e-mail address, and providing their signature.

Advisor/Training Director Name _____ Advisor/Training Director E-mail _____
Advisor/Training Director Signature _____

Taylor and Francis is offering ISTSS members a special discount on selected journals. Check desired journal(s) and enter total below.

☐ *Journal of Aggression, Maltreatment and Trauma* (Vol 19) 8 Issues	$120	☐ *Journal of Child Sexual Abuse* (Vol 19)	$100
☐ *Journal of Child and Adolescent Trauma (Vol 3)*	$ 65	☐ *Journal of Elder Abuse & Neglect (Vol 22)*	$100
☐ *Journal of School Violence (Vol 9)*	$ 90	☐ *Journal of Loss & Trauma (Vol 14)*	$ 65
☐ *Journal of Trauma & Dissociation* (Vol 11)	$ 85		

Donation to ISTSS: General Fund $_____ Travel Grant Fund (helps those from developing countries attend Annual Meeting) $_____
Federal Tax ID: 31-1129675

Payment

Return To: PO Box 71560, Chicago, IL 60694-1560 USA – Fax: 847-480-9282

Payment in U.S. dollars. ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Money Order ☐ Check

Card Holder Name (if different than above)	1. Membership Dues $
Card # Exp Date	2. Journals $
Signature	3. Donations $
Address	4. Wire Transfer Fee ($30) $
City State/Province Zip/Postal Code	
Country	**5. Grand Total $**