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

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

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.

New Member _______ Renewing Member _______

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

Cultural Group Identification

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

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 the above statements are true and correct.

Initials: ____________

Please enter payment information on the next page.
Please Select Price Option

One-Year Membership (check one)

- Student Membership  $30.00
  (Verification of full-time student status required)
- Front Line-CPS and Law Enforcement  $40.00
- Retired Member  $65.00
- Young Professional  $95.00
  (5 or fewer years out of school)
- Full membership/Professional  $145.00
- Supporting/Sustaining Member  $195.00
- Benefactor  $500.00

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

- $250 – 20 or fewer staff  (3 logins)  
- $350 – 21 to 100 staff  (5 logins)  
- $500 – 101 to 400 staff  (7 logins)  
- $750 – 500 to 999 staff  (10 logins)  
- $900 – over 1,000 staff  (12 logins)  

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  ☑ Visa  ☑ MasterCard  ☑ Discover  ☑ American Express

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.