

Association for the Treatment of Sexual Abusers Washington State Chapter 2010

DUES AND MEMBERSHIP APPLICATION/ RENEWAL

WATSA Membership dues are \$45.00 yearly, and \$28.00 for students.

<p>If you are paying by check please send your application and check to:</p> <p>WATSA c/o Brent J. Oneal, Ph.D. 2366 Eastlake Ave. East, Suite 323 Seattle, WA 98102</p>	<p>If you are paying by PayPal please:</p> <p>Send or fax your application to: WATSA c/o Brent J. Oneal, Ph.D. 2366 Eastlake Ave. East, Suite 323 Seattle, WA 98102 (206) 588-1496 fax</p>
<p><u>Please note: There is a \$2 processing fee to use PayPal to pay your membership dues for a total cost of \$47 (\$30 for students). If you prefer to avoid the \$2 fee, please pay by mailing in a check.</u></p>	<p>Then go to www.watsa.org and click on the "Membership" button. There is a PayPal cart at the bottom of the page where you can pay by PayPal, credit card or electronic check. Please note who the membership is for in the box provided.</p>

Name _____ **Agency** _____

Address _____

City, State, Zip _____

Phone _____ **Fax** _____

E-Mail _____

Would you like your professional biographical and contact information posted to the WATSA website (Y/N)? _____

If so, please complete any portion of the following sheet that you would like. Note: ONLY information listed on the following sheet will be posted, so please do not add any information.

President: Jennifer Wheeler, Vice President: Christmas Covell, Treasurer: Brent Oneal,
Acting Secretary Christmas Covell

WATSA
14249-R Ambaum Blvd SW
Burien WA 98166
www.watsa.org

(1) Professional Contact Information (if same as page 1 of this application, write “same”)_____

(2) Highest degree earned/when/from where (e.g., MSW, 1985, University of Washington)_____

(3) Current license(s)/certification(s) (e.g., CSOTP, LICSW)_____

(4) Professional organization membership(s) – please list, do not use acronym (e.g., Association for the Treatment of Sexual Abusers, American Psychological Association)_____

(5) Primary practice setting (e.g., Private practice, state institution)_____

(6) Population(s) served (e.g., Children, adolescents, adults, males, females, developmentally delayed, Spanish-speaking)_____

(7) If you have a website, please list address_____
