

# THE IDAHO CHAPTER OF THE ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS (IATSA) *2011 Membership Application*

## Eligibility Requirements:

- Current member in good standing with the Association for the Treatment of Sexual Abusers (ATSA)

## IATSA Membership Fee:

- \$25 Annually – Due the first of each year

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## Please select your current ATSA membership type:

- Member, Type: \_\_\_\_\_  Associate Member, Type: \_\_\_\_\_
- Affiliate  Student Member
- I affirm that I am a current member in good standing with ATSA

## IATSA Application Information:

- New Member  Renewal

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Job Title: \_\_\_\_\_

License: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**How do you define your program:**

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol/Drug Abuse                 | <input type="checkbox"/> Polygraph Testing                 |
| <input type="checkbox"/> Civil Commitment                   | <input type="checkbox"/> Prison/Jail                       |
| <input type="checkbox"/> Community Mental Health            | <input type="checkbox"/> Probation/Parole                  |
| <input type="checkbox"/> Community SO Outpatient            | <input type="checkbox"/> Program for Non-adjudicated       |
| <input type="checkbox"/> Employment or Housing Advocacy     | <input type="checkbox"/> Psychiatric Hospital              |
| <input type="checkbox"/> Evaluations/Treatment              | <input type="checkbox"/> Psychosexual/Forensic Evaluations |
| <input type="checkbox"/> Faith-based Sex Offender Treatment | <input type="checkbox"/> Residential                       |
| <input type="checkbox"/> Law Enforcement/Judicial           | <input type="checkbox"/> University/College                |
| <input type="checkbox"/> Offenders                          | <input type="checkbox"/> Victim Advocacy                   |

**Client Population Served: (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Abuse Reactive Children             | <input type="checkbox"/> Families of Adolescents/Children who Offend |
| <input type="checkbox"/> Adolescent Females                  | <input type="checkbox"/> Family/Spouse of Adults who Offend          |
| <input type="checkbox"/> Adolescent Males                    | <input type="checkbox"/> Hearing Impaired                            |
| <input type="checkbox"/> Adult Females                       | <input type="checkbox"/> Pre-pubescent Females (12 and under)        |
| <input type="checkbox"/> Adult Males                         | <input type="checkbox"/> Pre-pubescent Males (12 and under)          |
| <input type="checkbox"/> Developmentally Disabled Adolescent |  |
| <input type="checkbox"/> Developmentally Disabled Adult      |  |

**Dual Language:** (Please List)

**Physiological Assessment: (check all that apply)**

- Polygraph
- PPG
- Viewing Time

**Consultation Training: (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Adolescent Sex Offender Treatment      | <input type="checkbox"/> Community Management Strategies |
| <input type="checkbox"/> Adult Sex Offender Treatment           | <input type="checkbox"/> Program Evaluation              |
| <input type="checkbox"/> Children with Sexual Behavior Problems | <input type="checkbox"/> Psychosexual Assessments        |
| <input type="checkbox"/> Civil Commitment Services              | <input type="checkbox"/> Registration Notification       |
|   | <input type="checkbox"/> Risk Assessment                 |

**Would you like us to include information about you in the “Members Only” section of the IATSA website?**

- YES Please include my information as listed above.
- NO Please DO NOT include any of my information.

**Would you like us to include information you submitted made available to all visitors to the IATSA website?**

- YES Please include my agency information as listed above.
- NO Please DO NOT include any of my information.

YES I give consent for IATSA to post information I have provided on the IATSA website.

NO I DO NOT give consent for IATSA to post information I have provided on the IATSA website.

**Mail to: IATSA, Matt Heindel  
PO Box 39 Meridian  
Idaho, 83680  
Email: Matt.HeindelH2G@yahoo.com**