

**ARIZONA ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS**  
**MEMBERSHIP APPLICATION/RENEWAL FORM**

**NOTE: In order to be a member of the state chapter of ATSA (AzATSA), one must first be a member of the ATSA organization.**

If you are an ATSA member and want to become a member of the state chapter, please complete the membership form below and return it, along with \$35.00 dues for the current calendar year. No receipts will be returned to you, so please maintain your own check record. You may use Paypal and email this form if you prefer.

If you are not yet an ATSA member, an application is available by contacting [www.atsa.com](http://www.atsa.com) or calling (503) 643-1023. After you have applied to ATSA, you may send this application and membership fees to the address below. Please notify Lova G. Njuguna, treasurer, when your ATSA membership is accepted, so that the AzATSA membership roster can be updated. See the AzATSA website: [AzATSA.com](http://AzATSA.com).

Mail to: AzATSA c/o Lova G. Njuguna  
PO Box 14271  
Tucson, AZ 85732-4271

Email to: [LNJUGUNA@cox.net](mailto:LNJUGUNA@cox.net)

Questions: Sylvia Neal, AzATSA president @ (520) 572-0404  
Ron Paul, AzATSA secretary @ (602) 299 6626  
Lova G. Njuguna, AzATSA treasurer @ (520) 461-0922

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**Check One:**

I am renewing my AzATSA membership  
 I would like to become a new AzATSA member

**Check One:**

I am a current member of the Association for the Treatment of Sexual Abusers.  
 I have applied for membership in the Association for the Treatment of Sexual Abusers.

**Please Print:**

Name (& professional credentials): \_\_\_\_\_

Profession: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Contact Telephone Number (include area code): \_\_\_\_\_

For Office Use:

Date Paid:

Check #:

Cash: