



National Association of Therapeutic Schools and Programs

Application for Individual Affiliation

The National Association of Therapeutic Schools and Programs (NATSAP) is pleased to offer an individual affiliate membership to people who, alongside NATSAP member programs, participate in the common mission of promoting healthy growth and personal well being of program participants.

An application for a NATSAP Individual Affiliate Membership is voluntary on the part of the applicant and is designed to provide individuals the opportunity to show their commitment to the ethics and standards upheld by the National Association of Therapeutic Schools and Programs and its members.

Acceptance as an Individual Affiliate Member is based upon completion of the application in full, receipt of the Annual Fee and is accepted with the acknowledgement of the applicant that the application is complete. Individual Affiliates will receive an invoice to renew their association with NATSAP thirty days prior to the expiration date.

The NATSAP Executive Director will review the submitted application and at his/her discretion may submit approval to the NATSAP Membership Committee and/or NATSAP Board of Directors

All applications and related documents must be signed by the applicant and must include a signed copy of the NATSAP Individual Affiliate Member Ethical Principles.

ALL APPLYING INDIVIDUALS

NATSAP reserves the right to request references from a NATSAP member program representative in good standing.

NATSAP reserves the right to refuse affiliation for any reason including, but not limited to, any past/pending or future legal action taken against any individual applying for affiliation. NATSAP reserves the right to request and receive any documentation regarding such legal action prior to acceptance of affiliation with the NATSAP organization. It is the responsibility of the individual requesting affiliation to alert NATSAP of any pending legal issues that may impact the decision for membership.

BENEFITS

As a NATSAP Individual Affiliate Member, you will:

- Be listed on the NATSAP web site (your name and your company/organization)
- Receive a copy of the Quarterly NATSAP Newsletter
- Be eligible for reduced conference registration fees
- Be listed in NATSAP's Annual Membership Directory
- You may use the NATSAP logo as long as it is linked to the NATSAP Web site
- You may be linked from the NATSAP Web site to your Web site as long as it is linked to the NATSAP Web site

RESTRICTIONS

- You will not have a vote in NATSAP elections on the issues requiring voting
- You may not serve on NATSAP's Board of Directors unless you are also employed by a regular NATSAP member program

NATSAP Application for Professional Affiliation

IMPORTANT: You must provide full responses on the Individual Affiliate application. Failure to do so will result in a delay of the application review process.

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PLEASE PRINT:

Name of Individual Applying for NATSAP Individual Affiliate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Web: _____

Organization/Business Name: _____

Please indicate your profession:

- Referring professional
- Licensed Counselor
- Psychologist
- Licensed Therapist
- Psychiatrist
- College/University Professor
- NATSAP Member Program Staff Member
- Student

Position: _____

Name of Member Program: _____

Other, please describe: _____

Are you licensed or certified? Yes No

If yes, please indicate your license or certification? _____

_____ and include a copy of your license or certification.

What is your reason for applying for Individual Affiliation with NATSAP?

NATSAP Application for Professional Affiliation

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PLEASE PRINT:

I, _____, attest that I will adhere to NATSAP's Mission and Vision, and will abide by the NATSAP Individual Affiliate Ethical Principles.

Signature _____ Date _____

RETURN APPLICATION, SIGNED ETHICAL PRINCIPLES AND PAYMENT FOR
(IF JOINED)

October 1, 2011 – June 30, 2012: \$63.50

Check is enclosed Check# _____

Credit Card Amex Visa MasterCard

Credit Card Number: _____

Exp. _____ Card Verification #: _____

RETURN MEMBERSHIP APPLICATION PACKET TO:

NATSAP

Cliff Brownstein, Executive Director

5272 River Road, Suite 600

Bethesda, MD 20816

Tel: (301) 986-8770 Fax: (301) 986-8772

Email: info@natsap.org

website: www.natsap.org

NATSAP Office Use Only

Date Received ____/____/____ Date Approved ____/____/____

Acceptance Letter Sent ____/____/____ DB Entry ____/____/____

Posted on website ____/____/____ Directory ____/____/____