

## ATN Membership Form

The information you give us will only be used by ATN for purposes of informing you about our organization. Your information will not be given to others without your expressed permission. However, if you'd like us to connect you with other families in your geographic area, please indicate that we have the permission to share your name and email (You can share your other contact information with individuals as they contact you.)

You can read our privacy policy on our website.

\*Name: (first & last) \_\_\_\_\_

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

\*Yahoogroups login: \_\_\_\_\_

\*Phone number: \_\_\_\_\_

\*Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

\*City \_\_\_\_\_

\*State \_\_\_\_\_

\*Zip \_\_\_\_\_

Tell us about yourself:

1. Are you currently parenting a child (children) with attachment or trauma issues? Yes/No
2. If you are not, what reasons are you involved with ATN:
  - a. I'm a preadoptive parent
  - b. I'm an extended family member
  - c. I'm a professional interested in attachment & trauma
  - d. I'm an adult adoptee
  - e. Other: \_\_\_\_\_
3. How many children are in your household?
4. What are their ages? (please note the children you're concerned about)
5. What are your biggest concerns? (behaviors, symptoms and issues that you seek support for)
6. I am currently a member of this ATN online support community:
  - a. ATN\_Parents
  - b. ATNP\_Teens
  - c. Little Zebras
  - d. Little Stripes
  - e. Pre-Adopt
  - f. Big Zebras
  - g. Little Horses
  - h. RAD Professionals
7. Do you want to be contacted about attachment & trauma events in your area? Yes/No
8. I give permission to ATN to give my name and email (only) to other families in my area seeking peer support or wanting to get together locally. Yes/No
9. I give permission to ATN to include my name, email and yahoo ID in an online directory that will be placed in the online support groups files (accessible by list serve members only, not the general public.) Yes/No
10. I'm interested in being an ATN contact/peer support leader in my geographic area. Yes/No

Individual Memberships -- \$35/annually (July 1-June 30)

Professional Memberships – \$250/annually

Form of Payment

1. Send payment via US Mail 5010 Mr. Zion Road Frederick, MD 21703
2. Log onto our store and purchase membership  
<http://www.radzebra.org/MM5/merchant.mvc?>
3. Call in payment – Call Lorraine at 240-357-7369
4. Fax in payment 301-473-9399 cc# \_\_\_\_\_ Name on  
Card \_\_\_\_\_ Exp Date \_\_\_\_\_  
security code \_\_\_\_ Billing Address \_\_\_\_\_