



Association of Threat Assessment Professionals

MEMBERSHIP INFORMATION

Mission Statement

The Association of Threat Assessment Professionals is a nonprofit corporation whose objective is to learn more about how best to protect victims of stalking, harassment and threat situations. Its mission is to share and facilitate the experience and techniques of professionals in the field of threat assessment and/or threat management. The organization serves to create both a professional and academic environment where flow of information is fostered in the following areas: sharing of experiences; assessment technique and database gathering; predictive factors of dangerousness; case management; research data and findings; and intervention techniques.

Board of Directors

Each ATAP Chapter installs a Board of Directors to serve as a governing Board of that particular chapter. The Association Board of Directors oversees the operation of each chapter while promoting the Association's growth and professional status.

Membership Qualifications

Membership is appropriate for individuals, who, by the nature of their occupation provide threat assessments or violence risk assessments, conduct and publish scientific research involving threat assessments or violence risk assessments, provide legal services or legal counsel related to: the prosecution of instigators of, or representation of individuals or entities who are the victims of, threats or violence; or provide psychiatric or psychological services in conjunction with threat assessments or violence risk assessments.

Please be advised that your name, address, telephone number and e-mail address as provided above will be published and distributed to other ATAP members in the Membership Roster. If you prefer that only your name be published (i.e. without any other information), you must check the box below.

Please publish my name only in any ATAP Membership Roster and Directory.

ATAP does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status or disabilities.

Sponsorship

All applicants must obtain the sponsorship of an ATAP member in good standing prior to submitting this application for membership. This certifies that the sponsor is an ATAP member in good standing who verifies that the applicant meets the established standards for membership.

Applicant Fees & Dues

The application processing fee is paid only once, and must accompany the application for membership. Once accepted for membership, you will be billed for annual dues.



Association of Threat Assessment Professionals

APPLICATION FOR MEMBERSHIP

Preferred mailing address: Business Residence

Personal Information:

Last Name:	First Name:	Middle Name:
Residential Address (Confidential, for background information only):		
City:	State:	Zip code:
Phone number:	Fax number:	E-mail:
Date of birth (month, day, year):		Place of birth (city and state):
Social Security number:	Driver's license number:	State:
Have you ever been convicted of a crime other than a minor traffic infraction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Do you hold a U.S. Government granted clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Information:

Type of employer: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other		
Present employer:	If self-employed, name of business:	
Position/Title:	Length of current employment:	
Business address:		
City:	State:	Zip code:
Phone number:	Fax number:	
Supervisor's name and phone number:		

Qualifications for Membership:

Description of duties, responsibilities, and experience related to threat management and assessment:
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Sponsorship (required):

"Sponsorship" requires that you are an ATAP member in good standing and are satisfied that the applicant meets established standards for membership.

Sponsor's name:	
Phone number:	Fax number:
Sponsor signature:	Date:

Agreement and Authorization:

I certify that all the information contained in this application is true and correct to the best of my knowledge. I understand that provision of false information is grounds for rejection of the application. I certify that I meet the standards described under the Membership Qualifications section. I understand that the submission of this application does not guarantee membership in ATAP. I understand, if recommended by the membership coordinator, my application for membership will be voted on by the ATAP Board of Directors. I further understand that if I am accepted for membership in ATAP I will be required to adhere to all applicable rules as described by the ATAP By-laws. I hereby authorize ATAP to conduct a limited background investigation for purposes of determining my suitability for membership in this organization. The limited background investigation will involve verification of employment and a criminal history check. Any exception to the scope of the investigation will be with the permission of the applicant. In authorizing this investigation I agree to indemnify and hold all parties harmless against any and all claims which might result from furnishing this information. A facsimile copy of this release will be as valid as the original.

Signature of application (required):	Date:
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Do not write below this line, for official use only

Date received:	Background completed by:	Date:
Recommended for membership: <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fees received: <input type="checkbox"/> Yes <input type="checkbox"/> No

Mail completed application & non-refundable processing fee of \$100 to your local chapter found at www.atapworldwide.org