



Association of Threat Assessment Professionals

MEMBERSHIP INFORMATION

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 email address as provided within this application 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.

1. Do you have personal knowledge of this applicant's professional experience? _____
2. How long have you known this applicant? _____
3. Do you attest that this candidate meets the requirements for ATAP membership? _____
4. Are you aware of any professional or personal history that would be of potential concern for ATAP? _____
5. Do you support this applicant becoming a member of ATAP? _____

Sponsor Name: _____

Sponsor Chapter: _____

Sponsor Signature: _____

Date: _____

Application Fees & Dues

A fee of \$215 is due at the time of submission of this application. This fee includes your one-time application fee of \$90, as well as the first year of your annual dues of \$125.

I desire to pay via credit card. Contact me for credit card information.

Application Submission

Upon completion of this application and sponsorship section, submit application and fee to:

Association of Threat Assessment Professionals
700 R Street, Suite 200
Sacramento, CA 95811

Applications can be emailed to applications@atapworldwide.org.



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:	Fax:	Email:	
Date of birth (month, day, year):		Place of birth (city and state):	
Have you been charged and/or convicted of a crime other than a traffic citation? <input type="radio"/> Yes <input type="radio"/> No Have you been a subject of a court issued protective order? <input type="radio"/> Yes <input type="radio"/> No Have you ever been the subject of an ethics violation investigation from a professional association or licensing board? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain (including dates):			
Do you hold a U.S. Government granted clearance? <input type="radio"/> Yes <input type="radio"/> No			
Employment Information:			
Type of employer: <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Individual <input type="radio"/> Government <input type="radio"/> Other			
Present employer:		If self-employed, name of business:	
Position/Title:		Length of current employment:	
Business address:			
City:	State:	Zip code:	
Phone:	Fax:	Email:	
Supervisor's name:	Phone:	Email:	
Qualifications for Membership:			
Description of duties, responsibilities, and experience related to threat management and assessment:			
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:		Email:	
Chapter:		Phone:	Fax:
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:
Do not write below this line, for official use only			
Date received:			Date:
Recommended for membership: <input type="radio"/> Yes <input type="radio"/> No		Membership approved: <input type="radio"/> Yes <input type="radio"/> No	
Fees received: <input type="radio"/> Yes <input type="radio"/> No			

Mail completed application and non-refundable processing fee to 700 R Street, Suite 200, Sacramento, CA 95811
Applications can be emailed to applications@atapworldwide.org.