TFA Application Form

General Information

Name:			
Where You Work:			
Address:			
City:			
State:Zip:			
	one:Fax:		
Email:			
Level of Education			
☐ PhD ☐ MS/MA	□ BS/BA□ AS/AA	☐ HS	
Treatment Settings you Group Home Day Treatment School Please explain your co I am an Administrate I am a Practitioner I am a Individual Qu I am interested in th other: Expertise I believe I have technical pro-	☐ Home Base ☐ Treatment F ☐ Institutional Onnection to the control of the contro	d Care coster Care the Teaching-Family r, recognized by TFA involved in care	
Individual Membership		or Individuals or an IQD recognized by	\$180.00 TFA \$90.00
Payment Information			
Check Enclosed; Pa	yable to the Tead	ching Family Association	n