



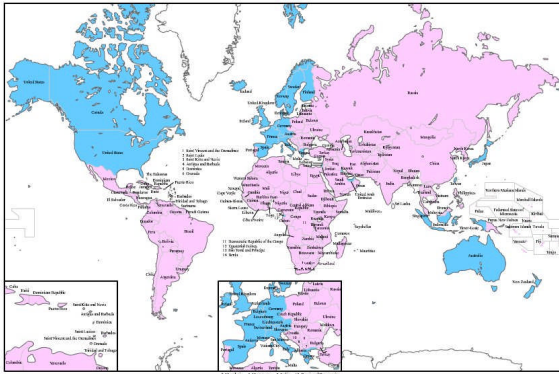
# The Traumatic Incident Reduction Association

The Traumatic Incident Reduction Association  
5145 Pontiac Trail, Ann Arbor, MI 48105-9279 USA  
Phone: (734)761-6268 Fax: 734-663-6861 URL: www.tir.org Email: info@tir.org

## TIRA Membership Application From

We invite you to be part of our international community by becoming a member today!

**Rates:** Our membership dues are separated into two economic categories - based on the World Fact Book 2007 Gross Domestic Product per capita (purchasing power parity) figures by country. Rates are based on an individual's primary place of residence. Please see the map below or visit [www.tir.org/membership/](http://www.tir.org/membership/) for a complete list.



Category A.	Category B.
1 Year ..... \$75.00	1 Year ..... \$30.00
2 Years ....\$150.00	2 Years ..... \$60.00
3 Years ...\$195.00 (Save \$30 + receive a free book)	3 Years ..... \$78.00 (Save \$12 + receive a free book)
*Please note: Due to the high cost of shipping members paying the "B" rate will receive only the electronic copy of the TIRA Newsletter. If you wish to receive the printed copy please check here <input type="checkbox"/> and include an additional \$15 per year to cover the cost of shipping. ~ Thank you.	

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mobil Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

- YES  NO - Join the TIRA-Members email discussion group
- YES  NO - I want to be listed on the web-site as a facilitator (see reverse side for listing details)
- YES  NO - Join the mailing list of any local group or organization (recognized by TIRA) in my area if there is, or should there become one
- Please send me information about Organizational Membership
- I wish to learn how I can further support the work of TIR. - Please send me information about the Friends of AMI

Please see page two to complete application

An International Association of Practitioners  
Using TIR—Traumatic Incident Reduction—and Related Techniques

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### Facilitator Web-listing:

By applying for listing, I agree to the following:

- I have read and agree to adhere to the AMI Ethical Code for practitioners (in the back of your workshop manual).
- I understand that my listing is subject to the level of training I have received, that to be listed I must have completed (at minimum) the *Traumatic Incident Reduction Workshop* with a trainer certified/accredited by AMI, and that being listed is a privilege subject to approval by my trainer.
- I understand that my web-listing is a benefit of membership and should I let my membership expire I will be removed from the list.
- I understand that it is my responsibility to keep my information updated by sending any changes that occur to info@tir.org
- I understand that if my application is accepted, I will get a free one-line listing, with my name, up to 3 titles or degrees (optional), and my phone # and/or email address, and that if I am a certified/accredited TIR Facilitator (or higher) I will also receive an optional 80~~50~~ word description, photo, and a link to my web-site. I understand that the content I propose for my listing is subject to editing by AMI/TIRA.

Name (include title or degree if desired): \_\_\_\_\_

Phone: \_\_\_\_\_ &/or Email: \_\_\_\_\_

Certified/Accredited TIR Facilitators may send their (up-to ) 80~~50~~ word description, photo, and/or web-link to info@tir.org with the subject-line "Web-listing"

(See page 1 for membership rates)

I would like 1 year of membership for \_\_\_\_\_ Amount: \$ \_\_\_\_\_

I would like 2 years of membership for \_\_\_\_\_ Amount: \$ \_\_\_\_\_

I would like 3 years of membership for \_\_\_\_\_ Amount: \$ \_\_\_\_\_ + and I would like to receive: (select one)

- Life Skills: Improve the Quality of Your Life with Metapsychology*
- Traumatic Incident Reduction: Research & Results (first edition)*
- Children & TIR*
- TIR and Critical Incident Stress Management*

...as my 3 year membership gift. Or...

*I prefer not to receive the gift*

**Note for First Time Members:** You will also receive the *DVD Trauma & Transformation*: A 20 minute interview with Frank A. Gerbode, MD, automatically when you apply, as our gift for becoming a member.

### Payment Method:

\_\_\_\_ Check or Money Order (in US dollars drawn on a US bank)

\_\_\_\_ VISA/MasterCard /Discover number \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

Expires: \_\_\_\_\_ CCV Code (the three digit security code on the back of your card near the signature) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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