Organizations Form for Sidran Resource Database

If your organization deals with topics related to psychological trauma, PTSD, childhood abuse, or dissociative experiences, Sidran Institute would like to list it in our resource database. To be included in the Organization Directory, please complete and submit the questionnaire below. There is no charge for inclusion. Please mail completed form to 7238 Muncaster Mill Rd Suite 376 Derwood, MD 20855, or fax the form to us at 410-825-8888, or email to help@sidran.org. Thank You.

Contact Information: (* required information)
*Organization Name: ____________________________________________________________
*Contact Person: ________________________________________________________________
Title: ________________________________________________________________________
Website: ______________________________________________________________________
*Address: _____________________________________________________________________
*City: _________________________________________________________________________
*State: _______________________________________________________________________
*Zip Code: ____________________________________________________________________
*Country: _____________________________________________________________________
*Phone Number: _________________________ Extension: ________________________________
Fax Number: ___________________________________________________________________
*Email: _______________________________________________________________________
*Have you previously submitted your information?  Yes___ No___

Type of Organization:
*Please describe the nature or focus of your organization (professional, survivor support, family support, information, political, etc.):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

* Is this a membership organization? Yes______ No________
Please list preferred keywords for searching:__________________________________________
Membership Criteria:
*Please list any requirements for membership or participation in program activities:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Membership Benefits:
* Please list and describe any membership benefits (such as subscriptions to publications, discounts on products, attendance at conferences, etc.):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Purpose:
*Describe briefly the main purpose of your organization:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Services and Activities:
*Please list and describe the services and program activities your organization offers:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
If a membership organization, are any of the above available to non-members?: Yes_____ No_____ 
If yes, please describe:  
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  

**Geographic Scope:** 
Is the organization … Local ____ National ____ International ____  
What area/country/scope? ________________________________  

If your organization has one or more publications, please provide us with information in the publications form.