

Membership Application 2010

STEP 1: SELECT MEMBERSHIP CATEGORY (Check the appropriate box from the list below. Please select only 1 option)

Credentialed Professional: Individuals who maintain current Registration (ATR) and/or Certification (ATR-BC) through the Art Therapy Credentials Board, Inc. (ATCB). Credentialed Professional Members shall be eligible to vote, hold office, serve on committees, and attend the annual meeting. \$164

Professional: Individuals who have completed graduate level training in art therapy. Professional Members shall be eligible to vote, hold office, serve on committees, and attend the annual meeting. \$164

New Professional: This member type is available to individuals who have graduated from a Master's art therapy program within the last 12 months. You will be a New Professional level member for one year only. Your second year must be upgraded to a Professional member or a Credentialed Professional member. \$72

Student Membership: Individuals must currently be enrolled in institutions of higher learning, and are interested in art therapy. In order to qualify, **you must currently be in a minimum of six graduate semester units or twelve undergraduate semester units**. *A copy of your student ID and either a letter of verification from the program director or a current schedule of courses are required along with your application.* Student members shall be entitled to serve on committees and attend the annual meeting. Students shall not have the right to vote or hold office. \$40

International: Individuals living outside the United States who are working in the field of art therapy or are interested in art therapy and who wish to support the purposes and objectives of the association are eligible for International Membership. This is an electronic membership only. International Members shall be entitled to serve on committees, and attend the annual meeting. International Members shall not have the right to vote or hold office. \$25

Retired Professional: Retired Professional Members who have reached the age of 65; are no longer engaged in the active practice of art therapy. Retired Professional Members shall be entitled to vote, hold office, serve on committees, and attend the annual meeting. \$82

Retired Associate: Retired Associate Members who have reached the age of 65 and are no longer engaged in active practice. Retired Associate Members shall be entitled to serve on committees, and attend the annual meeting, but shall not have the right to vote or hold office. \$82

Associate: Individuals interested in art therapy, who wish to support the purposes and objectives of the association. This category is not open to individuals who have completed art therapy education programs or are working as art therapists. Associate Members shall be entitled to serve on committees, and attend the annual meeting, but shall not have the right to vote or hold office. \$164

Contributing: Individuals, organizations, institutions, corporations, or foundations, which financially support the goals and purposes of the organization. Rights and privileges for the Individual Contributor or the designee will be the same as those for Associate Membership, unless the individual or designee qualifies for Professional membership status. \$210

Affiliate: Organizations and Educational Institutions that wish to support the purposes and objectives of the association are eligible for Affiliate Membership. Rights and privileges for the Individual Designee of an Affiliate Member will be the same as those for Associate Membership unless the individual qualifies for Professional Membership status. \$550

STEP 2: COMPLETE CONTACT INFORMATION

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Work Phone _____ Home Phone _____

Email _____ Fax _____

STEP 3: SIGNATURE AND ACKNOWLEDGEMENT OF THE ASSOCIATION'S BYLAWS AND GOVERNING DOCUMENTS

Membership in the American Art Therapy Association means that you will abide by the Association's Bylaws and other governing documents and are qualified for the membership category selected. By becoming a member, you confirm that the information provided in this application is true and correct to the best of your knowledge, and that you agree to be subject to the rules, regulations, and enforcement of the terms of the Association's Ethical Principles for Art Therapists (available for you to review at www.americanarttherapyassociation.org).

Signature: _____ Date: _____

Do we have your permission to publish your contact information in the electronic membership directory in the Members Only section of the Association's Website? Yes No

STEP 4: PAYMENT INFORMATION

A. Enter total amount of Membership Option Selected in Step 1	\$
B. Chapter Dues (<i>Optional</i>). For rates, please visit www.americanarttherapyassociation.org .	\$
C. Name of Chapter (<i>if applicable</i>):	
D. \$5.00 Processing Fee for "paper applications". <i>Not applicable if you join online.</i>	\$ 5.00
E. Total Amount Due (Steps A + B + D = E)	\$

PAYMENT METHODS:

Check /money order payable to American Art Therapy Association in USD (please add \$5.00 processing fee if paying by this method)

Visa MasterCard American Express Discover

Credit Card # _____ Exp. Date: _____

Authorization Code: _____ (Amex: 4 digits above credit card #; Visa, MC and Discover: last 3 digits next to signature line).

STEP 5: SUBMIT YOUR MEMBERSHIP FORM (4 EASY WAYS!)

STUDENTS: Please include your student verification information described in Step 1 above.

Online: www.americanarttherapyassociation.org (save \$5.00 processing fee!)

Mail: AATA Member Services, P.O. Box 79167, Baltimore, MD 21279-0167

FAX: (703) 783-8468 (credit card information must be included in order to process)

Phone: 1-888-290-0878 (Please have your credit card information ready)