

2010 Kentucky Art Therapy Association Membership Form

new member

renewing member

Full Name & Credentials

Home Address

City, State, Zip

Home Phone

Home email as primary email address

Employer

Position Held

Work Address

City, State, Zip

Work Phone

Work email as primary email address

May we share your primary email address? yes no

Volunteer Opportunities: (please indicate possible interest)

Elective Office

Newsletter

Legislative/Licensure

Art POD

Membership

Peer Supervision

Workshop/Training Presenter topics:

Kentucky Art Therapy Association, Inc. ~ PO Box 4751 ~ Louisville, KY 40204

www.kyArtTherapy.org ~ kyata@kyarttherapy.org

Categories & Dues

MEMBER of AATA

AATA # _____

Credentialed Professional \$30

Professional \$30

Associate \$30

Student \$15

Honorary Life Member none

Donation to KYATA _____

Total _____

Check here if you have paid your KYATA dues to AATA

NON-MEMBER of AATA

Credentialed Professional \$30

Professional \$30

Associate \$30

Student \$15

Donation to KYATA _____

Total _____