

Membership Application

The North Texas Art Therapy Association

Name and Designations _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Check All that Apply:

I am able to provide supervision for:

ATR LPC LMFT Other (Specify) _____

Membership Categories and Fees:

A	Professional (\$25 per year): An individual who is an ATR or an active professional member of AATA. Professional members may vote, hold office and serve on committees.
B	Associate (\$25 per year): An individual who is a member of AATA, and is interested in the therapeutic use of art. Associate members may not vote or hold office, but may serve on committees with application approval.
C	Student (\$15 per year): An individual who is currently enrolled in art therapy or related coursework. Student members may serve on committees with an application approval.
D	Friend (\$15 Donation to NTATA): An individual interested in the association's activities and programs, but is not a member of AATA. Friends may serve on committees with application approval. Dues are payable to NTATA.

For Categories A, B, and C, NTATA dues are payable through your AATA membership. Please provide proof of membership in AATA

Payment may be sent to:

NTATA, c/o Beth Morale, NTATA Treasurer

9911 Windledge Drive
Dallas, TX 75238