



Date received: _____

Database entry: _____

IEATA Membership Application

PLEASE NOTE!

Use this form for IEATA membership only.

(This form is not for REAT or REACE application or renewal.)

All fields in **BOLD** are required.

CONTACT INFORMATION

First name: _____ **Last name:** _____

Credentials: _____

Organization: _____

Street address: _____

City: _____ **State/Province:** _____ **Postal code:** _____

Country: _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

REFERRAL DIRECTORY

Do you want to be listed in a public directory? Yes No

If yes, please fill out only the fields below that you would like the public to see. This is the only contact information that will be displayed.

Description for Directory: _____

Directory email: _____

Phone for Directory: _____

Website for Directory: _____

City for Directory: _____

State/Province for Directory: _____

Other contact information: _____

ADDITIONAL INFORMATION

Professional interests: _____

How did you hear about IEATA? (check all that apply)

- Friend/Colleague Website School Professional organization IEATA Conference
 Event Publication (e.g., IEATA Newsletter) Other

If Friend/Colleague, please name who told you about IEATA: _____

If Other, please explain: _____

CONTACT PREFERENCES

Do you want to receive email from IEATA? (We email conference information, special notices, member ballots, etc.) Yes No

We occasionally trade IEATA's mailing list with like-minded organizations, giving our members access to expressive arts events and other news of interest. **Do you want your contact information included on this list?** Yes No

Would you like to receive marketing material from other IEATA members? Yes No

Do you want to be informed of IEATA Regional activities when available? Yes No

If yes, please select your region(s):

- | | |
|--|--|
| <input type="checkbox"/> Africa | <input type="checkbox"/> US: Midwest |
| <input type="checkbox"/> Asia | <input type="checkbox"/> US: Northeast |
| <input type="checkbox"/> Canada | <input type="checkbox"/> US: Northern California |
| <input type="checkbox"/> Central America | <input type="checkbox"/> US: Pacific |
| <input type="checkbox"/> Europe | <input type="checkbox"/> US: South Atlantic |
| <input type="checkbox"/> Middle East | <input type="checkbox"/> US: Southeast Central |
| <input type="checkbox"/> Oceania | <input type="checkbox"/> US: Southwest |
| <input type="checkbox"/> Pacific | <input type="checkbox"/> US: West – Rocky Mountain |
| <input type="checkbox"/> South America | |

COMMITTEE OPTIONS

Please consider volunteering for a committee in your area(s) of interest.

Make your selection below. (For a description of each committee, visit <http://ieata.org/committees.html>)

Would you like to be involved in IEATA by serving on a committee?

If yes, please select your area(s) of interest:

- Artist
- Conference
- Educational Resources
- Fundraising
- Governance
- International
- Membership and Administrative
- Professional Standards – Expressive Arts Therapist
- Professional Standards – Consultant/Educator
- Publications
- Public Relations
- Regional - Groups
- Scholarship
- Students
- Website and Internet

MEMBERSHIP TYPE (in US dollars)

- Professional Member:** \$95/year I am working professionally in the field as an expressive arts therapist, consultant/educator or artist (can be REAT or REACE but not required).
- General Member:** \$70/year I am interested in the field but am not working professionally in the expressive arts.
- Supporting Member:** \$45/year I want to support IEATA, but can't pay \$65 at this time.
- Student Member:** \$45/year I am a student or intern (copy of student ID required).
- Organizational Member:** \$400/year We are an expressive arts-related organization or simply want to support the expressive arts.

OPTIONAL CONTRIBUTION

I would like to make an additional contribution for IEATA's organizational growth and development in the amount of \$_____.

PAYMENT

I am enclosing my check or money order, payable to IEATA for \$_____

I prefer to charge my membership: VISA MasterCard

Name as it appears on card: _____

Billing address: _____

Phone: _____ Email: _____

Credit card number: _____ Expiration date (mo/yr): _____

Signature: _____

Thank you for supporting IEATA!



**MAIL THIS FORM WITH PAYMENT
(and student id, if applicable) TO:**

IEATA Membership
PO Box 320399
San Francisco, CA 94132
USA