



NYATA Membership

It's never too late to renew...

"Art therapy in the service of the individual, the professional, the student, and the patient for insight, growth, and development in the state of New York."

The following represent the membership categories of the New York Art Therapy Association and are in compliance with those of the American Art Therapy Association. Please check the category that best describes your position as an art therapist, fill in information below, and submit a check for the appropriate amount by January 1 of each year. The fiscal year for this organization is January 1, 2010 through December 31, 2010.

CREDENTIALLED PROFESSIONAL: Open to all those art therapists holding ATR's or ATR-BC's as conferred by the Art Therapy Credentials Board. Has voting privileges. **Dues: \$30**

ACTING PROFESSIONAL: Open to all those actively working in the field of art therapy. Has voting privileges. **Dues: \$30**

ASSOCIATE: Open to all those professionals in a related field interested in supporting the field of art therapy. Does not have voting privileges. Cannot hold an office. **Dues: \$25**

CONTRIBUTING: Open to all those interested in supporting the field of art therapy. Does not have voting privileges. Cannot hold an office. **Dues: \$25**

STUDENT: Open to all those enrolled in an educational institution and studying art therapy. Does not have voting privileges. Requires submission of a copy of a valid student ID. Cannot hold an office. **Dues: \$15**

RETIRED: Open to professional and credentialed professionals who are retired from working as art therapists and living on a fixed income. The New York Art Therapy Association includes those retired due to disability and/or serious illness in this category. Does have voting privileges. **Dues: \$15**

HONORARY LIVE MEMBER OF NYATA: Position that is conferred annually by voting membership. Must have been a credentialed professional in good standing. Has voting privileges. **Dues: Gratis.**

PLEASE PRINT

Member Type: _____

Name: _____ Degree(s): _____

Credential(s): _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: (____) _____ Alternate Telephone: (____) _____

Email: _____ (please include address to join NYATA Yahoo group)

Workplace: _____

Population: _____

If you are a Credentialed Professional Member and would like to be included in the online Art Therapist Referral List, please email NYATAinformation@gmail.com

Make checks payable to the:
NEW YORK ART THERAPY ASSOCIATION

Send to:
**NYATA Membership
P.O. Box 551
Commack, NY 11725**

If you have any questions or need assistance, please contact:
Gabrielle Grimaldi Bellettieri, NYATA Membership Chair, gbellettieri@gmail.com