

ATAO Membership Application

Name and Credentials: _____

E-mail Address: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____

Other Phone: _____

Check All That Apply

I am able to provide supervision for:

ATR _____ LPC _____

LMFT _____ Other (specify) _____

ATAO ID#: _____

Category: _____

AATA ID#: _____

Category: _____



Membership Categories and Fees:

Professional—\$20/Year— An individual who is an ATR or an active professional member of AATA. Professional members may vote, hold office, and serve on committees. You must provide proof of membership in AATA.

Associate—\$15/Year— An individual who is a member of AATA, and is interested in the therapeutic uses of art. Associate members may not vote or hold office, but may serve on committees with application approval. You must provide proof of membership in AATA.

Student—\$10/Year— An individual who is currently enrolled in art therapy or related coursework. Student members may serve on committees with application approval. You must provide proof of student membership in AATA.

Friend—\$10/Year— An individual interested in the association's activities and programs but who is not a member of AATA. Friends may serve on committees with application approval.

Dues are payable through your AATA membership or:

c/o ATA

P.O. Box ????

Oklahoma City, OK 73???-????