



Date received: _____

Database entry: _____

IEATA Membership Application

Please check if this is a Membership RENEWAL

All fields in **BOLD** are required Date _____

CONTACT INFORMATION

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

Credentials: _____

Company: _____

Street Address: _____

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

Country: _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

ADDITIONAL INFORMATION

Professional interests: _____

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

Friend/Colleague: (please tell us who):

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

Website School Professional organization

IEATA Conference Event Publication (e.g., IEATA Newsletter)

Other: _____

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:

- | | |
|--|---|
| <input type="checkbox"/> Artist | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Educational Resources | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Governance | <input type="checkbox"/> Professional Standards –
Expressive Arts Therapists |
| <input type="checkbox"/> International | <input type="checkbox"/> Professional Standards –
Consultant/Educator |
| <input type="checkbox"/> Membership and Administrative | <input type="checkbox"/> Regional Groups |
| <input type="checkbox"/> Publications | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Website and Internet |
| <input type="checkbox"/> Students | |

MEMBERSHIP TYPE (in US dollars)

As an international organization IEATA is committed to making membership fees more equitable. As a result the Professional, Organizational, and Student fees will be structured according to the UN Human Development Index by country

(http://en.wikipedia.org/wiki/List_of_countries_by_Human_Development_Index).

Please pay according to the country in which you currently live:

CATEGORY I: Argentina, Australia, Austria, Bahamas, Bahrain, Barbados, Belarus, Belgium, Bermuda Islands, Brunei Darussalam, Canada, Cayman Islands, Chile, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Dutch Caribbean, Estonia, Finland, France, Germany, Greece, Hong Kong (China, SAR), Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea (Rep. of), Kuwait, Latvia, Lithuania, Luxembourg, Malta, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Puerto Rico, Qatar, Saint Kitts and Nevis, Serbia, Seychelles, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States, Uruguay.

CATEGORY II: Albania, Algeria, Antigua and Barbuda, Armenia, Azerbaijan, Bangladesh, Belize, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Cambodia, Cape Verde, China, Colombia, Comoros, Congo, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Fiji, Gabon, Georgia, Ghana, Grenada, Guatemala, Guyana, Honduras, India, Indonesia, Iran (Islamic Rep. of), Jamaica, Jordan, Kazakhstan, Kyrgyzstan, Lao People's Dem. Rep., Lebanon, Lesotho, Libyan Arab Jamahiriya, Macedonia (TFYR), Malaysia, Maldives, Mauritius, Moldova (Rep. of), Mongolia, Morocco, Myanmar, Namibia, Nicaragua, Occupied Palestinian Territories, Oman, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Romania, Russian Federation, Saint Lucia, St. Vincent and the Grenadines,

Samoa (Western), Sao Tome and Principe, Saudi Arabia, Solomon Islands, South Africa, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Republic, Taiwan, Tajikistan, Thailand, Togo, Tunisia, Turkey, Turkmenistan, Ukraine, Uzbekistan, Vanuatu, Venezuela, Viet Nam.

CATEGORY III: Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo (Dem. Rep. of the), Cote d'Ivoire, Djibouti, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Nepal, Niger, Nigeria, Pakistan, Rwanda, Senegal, Sierra Leone, Tanzania (U. Rep. of), Uganda, Yemen, Zambia, Zimbabwe.

- Professional Member:**
\$95/year for Cat I residents
\$45/year for Cat II/III residents
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 \$70 at this time
- Student Member:**
\$45/year for Cat I residents
\$25/year for Cat II/III residents
I am a student or intern-copy of student ID required
- Organizational Member:**
\$400/year for Cat I residents
\$200/year for Cat II/III residents
We are an expressive arts-related organization or simply want to support the expressive arts.

PROFESSIONAL REGISTRATION Renewals (only for REAT/REACE)

If you are applying for REAT or REACE the application fee is \$120.

If you are not currently a REAT or REACE please skip this section.

REAT/REACE renewal fees are required to maintain your professional registration status, and are in addition to professional membership. We are now renewing REAT status yearly rather than every two years. Please include a photocopy of your liability insurance policy (if applicable).

REGISTERED EXPRESSIVE ARTS THERAPIST (REAT):

check all that apply:

REAT Number: _____

REAT since: _____

Last renewal date: _____

\$40/year for Cat I residents
\$20/year for Cat II/III residents

As a REAT:

- I confirm that as a practicing REAT I have Professional Liability Insurance and have enclosed a copy of my "Certificate of Insurance" (Proof of Coverage) form for my professional file.
- I do not currently have Professional Liability Insurance because *(initial all that apply)*
 - I am not currently practicing as a therapist _____
 - I am retired and not practicing _____
 - I am currently covered by insurance through my employer _____

As a REAT:

- I agree that I have reviewed the IEATA Code of Ethics (found on the IEATA website at www.ieata.org/reat-ethics.html) and agree to respect and uphold the outlined Code of ethics when offering my services as an Expressive Arts Therapist
- I agree to hold the International Expressive Arts Therapy Association (IEATA) and IEATA Board Members harmless and release them of any responsibility, financially or legally, should I become involved in any legal actions against me related to my professional role as an Registered Expressive Arts Therapist (REAT).

REGISTERED EXPRESSIVE ARTS CONSULTANT/EDUCATOR (REACE):

check all that apply:

REACE Number: _____

REACE since: _____

Last renewal date: _____

\$40/year for Cat I residents
\$20/year for Cat II/III residents

As a REACE:

- I confirm that as a practicing REACE I have Professional Liability Insurance
- I confirm that I am not currently practicing REACE and do not require Liability Insurance

As a REACE:

- I agree that I have reviewed the IEATA Code of Ethics and agree to follow these standards and ethics
- I agree to release IEATA of any legal or professional responsibility should I become involved in any legal matter related to my professional role as an expressive arts consultant/educator

OPTIONAL CONTRIBUTION

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

PAYMENT

TOTAL AMOUNT DUE:

Membership fee: _____
REAT/REACE application fee or renewal: _____
Optional Contribution: _____
Total: _____

I am enclosing a 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): _____ CSV: _____

Signature: _____

MAIL THIS FORM WITH PAYMENT (and copy of stud ID if applicable) to:

IEATA Membership
PO Box 320399
San Francisco, CA 94132 USA

Thank you for supporting IEATA!



ieata

International Expressive Arts Therapy Association