

Date Received: _____

Database Entry: _____

IEATA Membership Application and Renewal

Take Notice! This is for IEATA membership and not for REAT or REACE application or renewal.

Please use this form only for IEATA Membership

This is a (check one) **New Membership** **Renewal Membership** Date: _____

First Name: _____ Last Name: _____

Email Address: _____

Credentials: _____

Street: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax Number: _____

Membership Type: (In U.S. dollars)

- Professional Member (\$85)**--People working professionally in the field as expressive arts therapist, consultant/educators, or artists. Can be REAT's or REACE's, but don't have to be.
- Members (\$65)**--All others who are interested in the field but not working professionally in it at this time.
- Supporting Members (\$40)**--For people interested in supporting IEATA
- Student Members (\$40)**--for students and interns Include photocopy of Student ID

Method of Payment:

- Enclosed is my check or money order, payable to IEATA for \$_____ (US Dollars Only)
- I prefer to charge my membership: VISA MasterCard

Name as it appears on card: _____

Billing Address: _____ Phone: _____

Credit Card Number: _____ Expiration Date (mo/yr): _____ / _____

Signature: _____ Email: _____

I would like to make an additional contribution for IEATA's organizational growth and development: \$_____

-Would you like your email address to be included on IEATA's Email List? Yes No
(This list is used to contact the membership with conference information, special notices, members ballots, and such; IEATA's relies on email for these purposes.)

-IEATA's mailing list is occasionally traded with approved organizations, allowing greater outreach for conferences and events. Do you want your contact information included on this list, please check here: Yes No

-Would you like to be informed of Regional IEATA meetings and events? Yes No

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

-Would you like to be involved in IEATA by serving on a committee? Yes No Area(s) of your interest: _____



THANK YOU FOR SUPPORTING IEATA!
International Expressive Arts Therapy Association

Mail to:

Lori Donahue, IEATA Bookkeeper
5073 Country Club Drive
Rohnert Park, CA 94928
USA