*Date received:* _____

*Database entry:* _____

# IEATA Membership Renewal and Profile Update

## PLEASE NOTE!

**Use this form for IEATA membership renewal only.**
(*This form is not for REAT or REACE application or renewal.)*

There may be some new fields since you first joined – 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: _____

_____

_____

## 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 regions(s):

- ❒ Africa
- ❒ Asia
- ❒ Canada
- ❒ Central America
- ❒ Europe
- ❒ Middle East
- ❒ Oceania
- ❒ Pacific
- ❒ South America
- ❒ US: Midwest
- ❒ US: Northeast
- ❒ US: Northern California
- ❒ US: Pacific
- ❒ US: South Atlantic
- ❒ US: Southeast Central
- ❒ US: Southwest
- ❒ US: West – Rocky Mountain

## 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