



**British Columbia Art Therapy Association**  
 #101 - 1001 West Broadway, Dept. 123  
 Vancouver, B.C. V6H 4E4 [www.bcarttherapy.com](http://www.bcarttherapy.com)

**MEMBERSHIP RENEWAL FORM 2009/2010**

**Yearly Membership Fees:**                      **Membership#** \_\_\_\_\_                      **Date:** \_\_\_\_\_

Check one		Due <b>before</b> April 30, 2009
<input type="checkbox"/>	Registered Professional Member	\$100.00
<input type="checkbox"/>	Professional Member	\$100.00
<input type="checkbox"/>	Associate Member	\$60.00
<input type="checkbox"/>	Retired Member *	\$40.00
<input type="checkbox"/>	Student Member	\$20.00

\*PLEASE NOTE \* Any application received after **April 30, 2009** must include a **\$20.00** late fee

**Your address on file is the following and is used for membership purposes only:**

<b>Name:</b> <b>Address:</b> <b>City/Province:</b> <b>Postal Code:</b> <b>Phone:</b> <b>Business phone:</b> <b>Email:</b> <b>Website:</b>
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**Please check here if no changes need to be made**

The newsletter will be sent to your e-mail address. If you would prefer to have a hard copy sent to your mailing address, please check here:     Yes, I require a hard copy newsletter.

* If you are a <b>Retired member</b> , please sign here to indicate that you are no longer practicing art therapy but wish to remain a member with the BCATA: Signature: _____
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<p align="center"><b>*** IMPORTANT: BCATA BYLAW REQUIREMENT (Bylaws 4.2.b and 4.3.b) ***</b></p> <p align="center">If you are a practicing Registered professional or Professional member, please sign here to indicate that you have professional liability insurance covered by either;</p> <input type="checkbox"/> BCATA Carrier <input type="checkbox"/> Employer <input type="checkbox"/> Other carrier.    Signature: _____
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Topics you would like to see covered at Pro-D workshops: _____ The BCATA is always looking for members to volunteer in various areas. On the Board: <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Membership <input type="checkbox"/> Other: _____
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*THANK YOU FOR KEEPING YOUR MEMBERSHIP IN GOOD STANDING WITH THE BCATA*

Please make checks payable to: **BC Art Therapy Association (BCATA)** and mail to the above address

If you have any membership questions please contact the Membership Chair  
 Joanne Elliott: [bcatamembership@gmail.com](mailto:bcatamembership@gmail.com)