



British Columbia Art Therapy Association
 #101 - 1001 West Broadway, Dept. 123
 Vancouver, B.C. V6H 4E4 www.bcarttherapy.com

MEMBERSHIP RENEWAL APPLICATION 2010/2011

Membership # _____ **Date:** _____

Check one ↓	Membership category	Before April 30/10
	Registered Professional	\$100.00
	Professional Member	\$100.00
	Associate Member	\$ 60.00
	Retired Member *	\$ 40.00
	Student Member	\$ 20.00

NOTE – Late renewals will be subject to a **\$20** late fee if received after April 30, 2010

- If you are updating your current status, please be sure to include all supporting documentation for your membership category, as listed under “Membership Requirements” on the BCATA website: www.bcarttherapy.com
- If you are continuing your student status, please include a photocopy of your student card or a confirmation letter from your school.

NAME: _____

MAILING ADDRESS: _____

City/town _____ Postal Code _____

PHONE: (Home) _____ (Business) _____

E-MAIL: _____ WEB: _____

***** IMPORTANT: BCATA BYLAW REQUIREMENT (Bylaw 4.2.b and 4.3.b)**

IF YOU ARE A PRACTICING PROFESSIONAL OR REGISTERED PROFESSIONAL MEMBER, PLEASE SIGN HERE TO INDICATE THAT YOU HAVE PROFESSIONAL LIABILITY INSURANCE COVERAGE:

(Please circle) BCATA carrier Employer Other Signature: _____

If you are a RETIRED member, please sign here indicating that you are no longer practicing art therapy but wish to remain a member and keep your BCATA membership in Good Standing.

Signature: _____

Check here if you would like to do your part and become an active part of the Association in any one of these areas: Newsletter Membership Ethics Professional Development Other: _____

Please make your check payable to: **BC Art Therapy Associatio**
Mail to: BCATA Membership Renewal, #101-1001 West Broadway, Dept. 123, Vancouver, BC, V6H 4E4

THANK YOU FOR KEEPING YOUR MEMBERSHIP IN GOOD STANDING
 For inquiries please email: bcata.membership@gmail.com