



British Columbia Art Therapy Association
 #101 – 1001 West Broadway, Suite 123
 Vancouver, BC V6H 4E4
 www.bcarttherapy.com

Associate Membership Application

Applicant's Name: _____

Once we have approved your application, you will be contacted by email and issued a unique BCATA Member Number to complete your application and payment.

To avoid delays of your application, you must include the following:

Item	Included Herein (✓)	Item Description	Received by BCATA
1		Completed application form	

Part 1: Applicant's Contact Information

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Current involvement in art therapy: _____

Reason for joining BCATA: _____

Part 2: Requirements for Registration

Open to volunteers or individuals who are not professional art therapists. Contact information will not be displayed in the BCATA Art Therapist Directory.

- I. BYLAW 2.7: Associate membership shall be open to volunteers or individuals who are not professional art therapists and, who wish to support the field of art therapy and the association. It may also include educational institutions, agencies, and non – profit organizations. Such membership shall provide for admission to the meetings and special programs of the society and the receipt of all official publications.

Part 3: Submit Application

Email this application to BCATA Membership Chair: membership@bcarttherapy.com

Part 4: Payment

After your application is reviewed and approved, you will receive an email with instructions for online payment.

If mailing a cheque or money order (made payable to BC Art Therapy Association), please send to:

Registration Committee
BC Art Therapy Association
1001 West Broadway, Dept. 123, Vancouver, BC V6H 4E4

If you have any questions, please email Membership Chair: membership@bcarttherapy.com

Signature: _____

Date: _____

FOR BCATA REGISTRATION COMMITTEE	
Date Reviewed:	_____
Notes:	_____

Date Completed:	_____