



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

Retired Membership Application

Applicant's Name: _____

BCATA Member Number: _____ Note: Your membership must be current.

Current BCATA Membership: Professional Registered

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: _____

Phone: _____ Email: _____

Part 2: Requirements for Registration

- I. Bylaw 2.10: Retired membership shall be open to registered professional members or professional members who are art therapists who have retired from practicing art therapy but wish to retain membership. Retired members may participate in all activities of the society and shall receive all 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: _____