



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

## Student 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.

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

Item	Included Herein (✓)	Item Description	Received by BCATA
1		Completed application form (all pages of this document)	
2		A scanned copy of your Student ID (or official correspondence from school administration)	

**Scan all documents and email them to BCATA Membership Chair:**  
[membership@bcarttherapy.com](mailto:membership@bcarttherapy.com)

Enquiries:  
 Membership Chair  
 Email - [membership@bcarttherapy.com](mailto:membership@bcarttherapy.com)

## Part 1: Applicant's Contact Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Art Therapy Institution/Program: \_\_\_\_\_

\_\_\_\_\_

Institution/Program Address: \_\_\_\_\_

\_\_\_\_\_

## Part 2: Requirements for Registration

Open to all students currently studying art therapy at an accredited school or institution of art therapy (eg. Adler, VATI, KATI, etc.).

- I. BYLAW 2.7: Student membership shall be open to students officially enrolled in art therapy training courses. Student members shall be entitled to attend meetings and special programs of the society and to receive all official publications. Student members have the right to hold office as student representatives of their art therapy institution.

PLEASE NOTE: Student members do not qualify for liability insurance through the BCATA carrier.

FOR BCATA REGISTRATION COMMITTEE	
Date Reviewed:	_____
Notes:	_____
	_____
	_____
Date Completed:	_____