



Maryland Art Therapy Association

Healing Through the Creative Process

CHAPTER OF THE AMERICAN ART THERAPY ASSOCIATION

www.marylandata.org

2009-10 MEMBERSHIP APPLICATION

(PLEASE PRINT CLEARLY)

Only information printed on application will be included in membership directory

REVERSE CONSENT TO PUBLISH INFORMATION

MATA is planning to create an online Membership Directory in the Members-Only section of the MATA website. Your information will be published online **UNLESS** you check the box indicating that you **do not want** your information to be published.

I DO NOT WANT my information to be published

CONSENT TO DISCLOSE INFORMATION FOR REFERRAL

I would like MATA to publish my name, credentials, work phone number, geographical location, place of employment, work setting, and areas of specialization to the public for referral purposes.

I WANT any information disclosed to the public for referral

DATE: _____/_____/_____

MEMBERSHIP APPLICATION: NEW RENEWAL

NAME: _____

CHECK YOUR PROFESSIONAL CREDENTIALS:

ATR

ATR-BC

LCPC

Other

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

PHONE: HOME (_____) _____ - _____ WORK (_____) _____ - _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

JOB TITLE/POSITION: _____

AATA MEMBERSHIP NUMBER: _____

NOT Art Therapy Credentials Board or ATCB NUMBER

AATA MEMBER NUMBER REQUIRED for Credentialed Professional and Professional Members

PLEASE SELECT A MEMBERSHIP CATEGORY

	Type	Amount	Description
<input type="checkbox"/>	Credentialed Professional	\$25.00	Professional member possessing one of the following credentials of ATR, ATR-BC. Members in this category may vote, hold office and serve on committees and must also be members of the American Art Therapy Association.
<input type="checkbox"/>	Professional	\$25.00	Professionally practicing art therapist having formal art therapy education. Members in this category may vote, hold office and serve on committees and must also be members of the American Art Therapy Association.
<input type="checkbox"/>	Associate	\$25.00	Professional in a related field but without formal training in art therapy, Members in this category may not vote in elections or hold office, but they may serve on committees.
<input type="checkbox"/>	Student	\$15.00	Student currently pursuing education in the field of art therapy or a related field, may not vote in elections or hold executive office
<input type="checkbox"/>	Honorary Life Member	No Fee	Professional members of AATA who have made outstanding contributions to the field of art therapy. Such members have been selected by the AATA Board of Directors and may vote, hold office and serve on committees.

**PLEASE MAKE YOUR CHECK PAYABLE TO:
MARYLAND ART THERAPY ASSOCIATION**

MAIL TO:
Julia Andersen, ATR-BC
311 Gun Road
Baltimore, Maryland 21227

MATA COMMITTEES:

WOULD YOU BE WILLING TO WORK ON A MATA COMMITTEE: YES NO

If Yes, in what capacity? _____

(Membership, Legislation, Programs/Workshops, Website, Resource, Public Relations, Finance)

EDUCATION:

(PLEASE CHECK HIGHEST DEGREE EARNED & INDICATE EXACT DEGREE EARNED (i.e. BA, BS, MA, MS, Ph.D.)

DOCTORATE MASTER'S IN ART THERAPY OTHER MASTERS DEGREE

BACHELOR'S DEGREE

OTHER (SPECIFY) _____

SCHOOL(S) ATTENDED: _____

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CURRENT WORK SETTING

(Please **only check 3**—If more than 3 are checked, only first 3 will be published)

- Inpatient Mental Health
 - Specialty/Therapeutic School
 - Medical Unit of Hospital
 - Skilled Nursing Home
 - Homeless Shelter
 - Substance Abuse Program
 - Art Studio
 - Other _____
- Outpatient Mental Health
 - Public/Mainstream
 - Hospice
 - Senior Center
 - Domestic Violence Shelter
 - Correctional Facility
 - Sheltered Workshop
- Counseling Center
 - University/College
 - Rehabilitation Program
 - Adult Day Care
 - Religious Organization
 - Private Practice
 - Residential Treatment

AREAS OF SPECIALIZATION

(Please **only check 3**—If more than 3 are checked, only first 3 will be published)

- General Population
 - Abuse Issues
 - Domestic Violence
 - Sex Offenders
 - Prisoners/Juvenile Offenders
 - Homeless
 - Rehabilitation
 - Developmentally Delayed
 - Other: _____
- Chemical Dependency
 - Psychiatric/Mental Illness
 - Medical
 - AIDS/HIV+
 - Geriatric/Alzheimer
 - Brain Injury/Neurological Disease
 - Women's Issues
 - Behaviorally/Emotionally Disturbed
- Hospice/Terminally Ill
 - Learning Disabled
 - Trauma
 - Gay, Lesbians, Bisexuals
 - Multicultural
 - Eating Disorders
 - Families

WHAT AGE GROUP DO YOU CURRENTLY WORK WITH?

- Children (ages <12)
- Adolescents (12-18)
- Adults
- Seniors

HOW MANY HOURS PER WEEK DO YOU WORK?

- <10
- 11-15
- 16-20
- 21-30
- 31-40
- >40

HOW MANY CLIENTS PER WEEK DO YOU SERVE?

- <5
- 5-10
- 10-15
- 15-20
- >20

STATE LEGISLATOR INFORMATION

This information helps our legislative efforts. We thank you for taking the time to complete this section.

To find your State Representative, State Senator, and District Number go to: <http://mdelect.net>

Who are your State Representatives? _____

Who is your State Senator? _____

What is your District number? _____

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MAIL TO:
Rita Janoff
1 Stonehenge Circle, Apt. 8
Pikesville 21208