



New York Art Therapy Association

P.O. Box 551

Commack, NY 11725

Membership Application

Art therapy in the service of the individual, the professional, the student, and the patient for insight, growth, and development in the state of New York.

The following represent the membership categories of the New York Art Therapy Association and are in compliance with those of the American Art Therapy Association. Please check the category that best describes your position as an art therapist, fill in information below, and submit a check for the appropriate amount by January 1 of each year. The fiscal year for this organization is January 1, 2010 through December 31, 2010.

CREDENTIALLED PROFESSIONAL: Open to all those art therapists holding ATR's or ATR-BC's as conferred by the Art Therapy Credentials Board. Has voting privileges. **Dues: \$30**

ACTIVE PROFESSIONAL: Open to all those actively working in the field of art therapy. Has voting privileges. **Dues: \$30**

ASSOCIATE: Open to all those professionals in a related field interested in supporting the field of art therapy. Does not have voting privileges. Cannot hold an office. **Dues: \$25**

CONTRIBUTING: Open to all those interested in supporting the field of art therapy. Does not have voting privileges. Cannot hold an office. **Dues: \$25**

STUDENT: Open to all those enrolled in an educational institution and studying art therapy. Does not have voting privileges. Requires submission of a copy of a valid student ID. Cannot hold an office. **Dues: \$15**

RETIRED: Open to professional and credentialed professionals who are retired from working as art therapists and living on a fixed income. The New York Art Therapy Association includes those retired due to disability and/or serious illness in this category. Does have voting privileges. **Dues: \$15**

HONORARY LIVE MEMBER OF NYATA: Position that is conferred annually by voting membership. Must have been a credentialed professional in good standing. Has voting privileges. **Dues: Gratis.**

Make checks payable to the:
NEW YORK ART THERAPY ASSOCIATION

Send to:
**NYATA Membership
P.O. Box 551
Commack, NY 11725**

If you have any questions or need assistance, please contact:
Gabrielle Grimaldi, NYATA Membership Chair, gg.grimaldi@gmail.com



The NYATA, Inc. functions to unify art therapist in New York State, conducting presentations and workshops. We further enrich each other as clinicians through meetings, networking, and discussion. NYATA provides communication between our region and The American Art Therapy Association, and we adhere to the AATA Code of Ethics. NYATA promotes the art therapy profession through legislative activity, public relations, education, research, and maintenance of professional excellence.



WHAT IS **ART THERAPY** ?

From the American Art Therapy Association:

"Art therapy is based on the belief that the creative process involved in the making of art is healing and life-enhancing. Through creating art and talking about art and the process of art making with an art therapist, one can increase awareness of self, cope with symptoms, stress, and traumatic experiences, enhance cognitive abilities, and enjoy the life-affirming pleasures of artistic creativity. Art therapists are professionals trained in both art and therapy and hold a masters degree in art therapy or a related field. Art therapists work with children, adolescents, and adults and provide services to individuals, couples, families, groups, and communities."

E-group

The NYATA egroup offers great networking opportunities to keep you updated and connected to the NYATA community. Our yahoo e-group will be updated frequently with new and interesting information, links, and photos from NYATA related events. NYATA egroup is a private group offered to New York Art Therapy Association members only.

<http://health.groups.yahoo.com/group/NYATA/>

PLEASE PRINT as you would like these to appear in the online directory and mailing list.

Member Type: _____

Name: _____ Degree(s): _____

Credential(s): _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: (____) _____ Alternate Telephone: (____) _____

Email: _____ (please include address to join NYATA Yahoo group)

Workplace: _____

Population: _____

Include me in annual paper directory? YES _____ NO _____

How would you prefer to receive your information? email _____ paper mailing _____

Please email NYATAinformation@gmail.com if you would like to be included in the Art Therapist Referral list on the NYATA website.