



611 Wonderland Road North, Suite 103 London, Ontario N6H 5N7

## OATA Membership Application /Renewal Form

To all those who wish to move to Professional or Registered status, please submit fees for Professional status **only after you have submitted forms and your new status has been confirmed** by Membership Chair. To view forms required, visit [Membership Categories/New Members](#). *Please note: \* = required information*

### **Ethical Standards\***

I have reviewed the [Standards of Practice and Conduct](#) and [Code of Ethics](#). I will maintain the OATA's ethical standards in my work as an Art Therapist.

### **Membership Information**

Renewals are considered late as of March 1. A \$50.00 fee will be added. Members are considered Lapsed, if dues are not paid within the said year and a \$75.00 fee will be added to members renewing who are lapsed.

### **Personal Information**

First Name: \* \_\_\_\_\_

Last Name: \* \_\_\_\_\_

Credentials\* (i.e. PhD., MAAT, MC, BSc, DipAT) \_\_\_\_\_

Professional Designation\* (i.e. RP, OATR) \_\_\_\_\_

- Membership level \*:
- |  |   |
|--|---|
| <input type="checkbox"/> Registered \$175.00   | <input type="checkbox"/> Professional \$125.00  |
| <input type="checkbox"/> Associate \$60.00   | <input type="checkbox"/> Graduate \$85.00       |
| <input type="checkbox"/> Retired \$60.00   | <input type="checkbox"/> Inactive \$60.00       |
| <input type="checkbox"/> Student \$50.00 (after first two years in approved program) |   |
| <input type="checkbox"/> Honorary Life Member/No Charge                              | <input type="checkbox"/> Late fee \$50.00       |
| <input type="checkbox"/> Lapsed Fee \$75   | <input type="checkbox"/> Board Member/No Charge |

Street Address: \* \_\_\_\_\_

Phone Number: \* \_\_\_\_\_

Email Address\* \_\_\_\_\_



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**Member Directory**

- Please list my information in the member directory with the information provided below.
- Do not list my information in the member directory.

Please fill the following in full

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

Business Street Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Business Email Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Geographical region served: (see reference map below) \_\_\_\_\_

Counties served: \_\_\_\_\_

Languages offered: \_\_\_\_\_

Areas of Service Specialization (i.e. depression, anxiety, children, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Red: West      Yellow: Central      Blue: East      Green: North      White: Upper municipalities





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