

# ***The Art Therapy Association of Colorado***

## MEMBERSHIP APPLICATION & RENEWAL FORM

Please print, complete and mail to ATACO: c/o Beth Erlander  
4400 Grove Street #3, Denver, Colorado 80211

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail (most current news) \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Academic affiliation \_\_\_\_\_  
Date of Graduation \_\_\_\_\_  
Degrees/ Licenses (( MA  LPC  ATR) \_\_\_\_\_  
Are you an AATA member? \_\_\_\_\_

### Member Status

_____ Professional	\$35.00
_____ Associate	\$20.00
_____ Student	\$15.00
_____ Newsletter only	\$10.00
_____ Board Member	N/A

As a professional member of ATACO, you receive the following benefits:

- Voting privileges
- Newsletter mailings & Calendar of Events
- Free advertising on the website Therapist Referral List
- Free advertising in the Newsletter and Calendar
- Reduced fees to conferences and events
- Up to date E-loop announcements including job openings and,
- Networking and Peer Support and the opportunity to help the advancement of Art Therapy in CO!

Website 'Therapist Referral List' for Professional Members:

What client population do you serve? \_\_\_\_\_  
What is your theoretical background and approach? \_\_\_\_\_  
Are you able to provide ATR supervision? \_\_\_\_\_  
In what area or region are you located? \_\_\_\_\_  
How would you like clients/students to contact you? \_\_\_\_\_  
Additional Information \_\_\_\_\_

**Phone: (303) 319-3223 / [www.arttherapy-co.org](http://www.arttherapy-co.org)**