



Connecticut Art Therapy Association

# Membership Form

Title: \_\_\_\_\_

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

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

Credentials: \_\_\_\_\_

### Membership Status

- Membership Renewal
- New Membership

Address	City/Town	State	Zipcode
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Home Phone Number	Cell Phone Number	Email Address
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Occupation	Agency/Organization
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Work Address	City/Town	State	Zipcode
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Work Telephone Number	Work Email Address
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### CATA Category Fees

- Credentialed Professional - \$30
- Professional - \$30
- Associate - \$30
- Student - \$15
- Contributor- \$15
- Friend (CATAlog Only) - \$7
- Honorary Retired Member – No fee

Please complete the membership/renewal form and send it with your check made payable "Connecticut Art Therapy Association" to:

**Sandra Lee Tyrrell  
88 Sorries Court  
Meriden, CT 06451**