



Connecticut Art Therapy Association

# Membership Form

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

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

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

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

### Membership Status

Membership Renewal

New Membership

Address City/Town State Zipcode

Home Phone Number Cell Phone Number Email Address

Occupation Agency/Organization

Work Address City/Town State Zipcode

Work Telephone Number Work Email Address

### 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:

**Mimi Beaulieu**  
753 Quinnipiac Ave  
New Haven CT 06513