



# Association des art-thérapeutes du Québec

MEMBERSHIP RENEWAL (& APPLICATION) - All categories

Information: Tel. (514) 990-5415

**DUE DATE: JANUARY 15**

**Late fee, except for students: \$20 (if postmarked after Jan/15)**

*\* The AATQ cannot be responsible for any mailing problems.*

**Please write in block letters**

AATQ Membership Number \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_ Credentials \_\_\_\_\_ (MA, PhD, ATR)

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Check here if you do **NOT** wish to be on the AATQ e-group

I wish to receive information in 1) French \_\_\_\_\_ 2) English \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Place of Work** \_\_\_\_\_

## MEMBERSHIP CATEGORY:

- Professional art therapist \$100
- Allied Professional (creative arts therapist) \$100
  - Dance therapist*  *Music therapist*  *Drama therapist*
- Art therapy student\* \$45
  - Dance therapy*  *Music therapy*  *Drama therapy*
- Creative art therapy student\* \$45  
Name of Institution \_\_\_\_\_

## Affiliation Categories

- Special Affiliate (in Canada only) \$80
- Affiliate (outside of Canada) \$95
- Affiliate donor \$95
- Full-time student\* \$45 (Other than Creative art therapy)

Name of Institution \_\_\_\_\_

Program \_\_\_\_\_

(\*I have included a copy of my school registration)

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## PROFESSIONAL ART THERAPISTS AND ALLIED PROFESSIONALS ONLY

### Supervision

Do you do supervision in art therapy?  No  Yes (If Yes, please attach proof of competency; ATR or other)

**Name of the institution where you work:** \_\_\_\_\_

- Healthcare facility (CLSC, Hospital, etc.)
  - Name: \_\_\_\_\_
- Private practice
- Community facility: \_\_\_\_\_
- School system
- Creative art therapy centre
- Other, specify \_\_\_\_\_
- Not working in the field at the moment

### Private Practice Directory

1. **New Listings:** If you wish to add your name to the AATQ Directory of Professional Members in Private Practice, you *must* complete a Private Practice Directory form *and* provide proof of professional liability insurance. (Note: The Private Practice Directory form is available from the Membership Chair if not already enclosed with this form.)
2. **Current Listings:**
  - I have no changes to my current listing.
  - I have made changes to my current listing on the Private Practice Directory form.
  - I have provided a *recent* proof of professional liability insurance

PLEASE MAKE CHEQUES OR MONEY ORDERS PAYABLE TO: AATQ AND SEND TO:  
Membership Committee AATQ • 5764 Avenue Monkland, Bureau 301 • Montréal, Québec • Canada • H4A 1E9