



Activity Therapists Association

Membership Application

July 1, 2009 – June 30, 2010

Membership is open to all persons interested in Activity Therapy

PLEASE PRINT OR TYPE ALL INFORMATION

Date _____

Name _____

Home Address: _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

E-mail address is REQUIRED to provide your password to access “members only” page on our Web site.

ATA newsletter will be mailed to your home address unless noted below**

Title/Position _____ Facility _____

Work Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Certification: ___ NCCAP ___ IAPA ___ Other _____

Association Affiliation: ___ ICLTC ___ LSN ___ IHCA ___ IAPA ___ NAAP

Type of Facility/Agency:

Long Term Care: ___ Skilled ___ Intermediate ___ Sheltered ___ Medicare ___ Medicaid ___ Private
 ___ Adult Day Services ___ Retirement ___ Senior Center ___ Hospital ___ Extended Care ___ Sub-Acute ___ Other

Type of Residents/Clients:

___ Geriatric ___ Mentally Ill ___ Developmentally Disabled ___ Alzheimer’s ___ Other _____

Program suggestions for future ATA meetings: _____

Would your facility be willing to host an ATA meeting in the future? _____ Yes _____ No

Check One: ___ **Renewal** (Member Since _____) ___ **New Member**

ATA Facility Memberships are available. **DO NOT** use this form for Facility Membership
For Facility Application, call Reggie Reantaso (H) 630-985-6455 (W) 847-492-4630

Dues: **\$40.00** (Hard copy of newsletter mailed and ATA handbook available at Nov. meeting)

OR

****** **\$35.00** (NO hard copy mailed -- Download newsletter & handbook from ATA Web Site)

****Due to the increase in postage and printing, ATA is offering a \$5.00 discount for those who choose to download the ATA newsletter and handbook from the ATA Web site.**

Please **indicate your choice** and send the correct amount of money

MAKE CHECK PAYABLE TO: ATA (DO NOT STAPLE YOUR CHECK TO THE FORM!!)

There will be a \$30 fee for returned checks that must be paid before application will be processed.

Send application and payment to:

Reggie Reantaso, Treasurer
 2037 Country Club Dr. #4, Woodridge, IL 60517

Visit our Web site: www.atachicago.org

web