



# Activity Therapists Association Membership Application July 1, 2007 – June 30, 2008

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 Nancy Ichinose: (H) 847-392-4274 (W) 847-492-4872**

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

**OR**

**\*\*** **\$35** (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](http://www.atachicago.org)**