



Activity Therapists Association Facility Membership Application July 1, 2008 – June 30, 2009

Membership is open to all persons interested in Activity Therapy

Please Print or Type all Information: _____ Date _____

Facility/Organization/Agency _____

Facility Address: _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Contact Person _____ Title/Position _____

Email address of contact person (required to provide your password to access “members only” page on our Web site. _____)

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

Facility Membership entitles **one** representative from the facility to attend each meeting. Certificate will be issued to the facility representative for continuing education credits at the end of each meeting. (Additional staff from same facility will be charged a \$5.00 guest fee when attending the same meeting.)

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 _____

Association Affiliation: ___ICLTC ___LSN ___IHCA

Program suggestions for future ATA meetings: _____

Would your facility be willing to host an ATA meeting in the future: _____Yes _____No

Check One: _____ **Renewal** _____ **New Member**

For More Information Call: Nancy Ichinose (H) 847-392-4274 (W) 847-492-4872

Dues: \$60.00 (Hard copy of newsletter mailed and ATA handbook available at Nov. meeting)

OR

** \$55.00 (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