



Activity Therapists Association Individual 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 _____

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 Myrtle Klauer: (H) 630-495-1545 (W) 773-478-6613

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