

## MEMBERSHIP ENROLLMENT

Please furnish as much information as possible so we may contact you regarding ATA O events.

Name:	<input type="checkbox"/> Mr.	_____		
	<input type="checkbox"/> Mrs.	_____		
	<input type="checkbox"/> Ms.	_____		
	First	M.I.	Last	
Address:	_____			
	_____			
City:	_____		_____	
	City/Town		Zip	

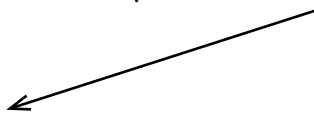
Phones:	_____		_____		_____	
	Home		Cell		Work	
Email:	_____					
	Home Email				Work Email	
Work Info:	_____				_____	
	Employer				Occupation/Title	

Personals:	_____		_____	
	Birthday (M / D / Yr)		Alphabet Soup (ATR-BC, LPC, etc.)	
Access to Members Only website pages	_____		_____	
	User Name		Password (3 chars min / must have at least 1 letter)	
Website:	_____			
	My Professional Website			

Which Membership:

Professional • \$20     Associate • \$15     Student • \$10     Friend • \$10

Mail this form with your check to:



### OFFICE USE ONLY

Date \_\_\_\_\_  
Paid \_\_\_\_\_  
 Check     Cash  
Receipt # \_\_\_\_\_

ATAO  
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