MEMBERSHIP ENROLLMENT

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

Name:
- Mr.
- Mrs.
- 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): ___________________________

Which Membership:
- Professional • $20
- Associate • $15
- Student • $10
- Friend • $10

Mail this form with your check to:

ATAO
P.O. Box 300327
Oklahoma City, OK 73140

OFFICE USE ONLY
- Date: ___________
- Paid: ___________
- Check: ___________
- Cash: ___________
- Receipt #: ___________

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