



# ACATA MEMBERSHIP APPLICATION FORM

**acata** The Australian Creative Arts Therapies Association

The Australian Creative Arts Therapies Association is developing the identity and improving the professional status of the arts therapies in Australia. Becoming a member of ACATA denotes a level of commitment that reflects the essence of our pro-active and expanding association. Nationally and internationally ACATA's growing member base enables connections between practitioners, researchers, educators and students promoting the birth and sharing of knowledge and the establishment of protocol that serves as a guideline of professional and ethical conduct for members. Members are required to observe and adhere to the Code of Ethics. Becoming an ACATA member ensures professional recognition of your status within the arts therapies and the broader community.

## BASIS FOR APPLICATION

Please tick the membership category, the pro-rata subscription and the reason for application. (Pro-rata rate is based on quarter intervals and annual subscription is in the month of October). Renewing members should download the membership renewal form from [www.acata.org.au](http://www.acata.org.au)

Are you a new subscriber?  Are you updating subscription?  Date of Application  /  /

ACATA Membership Categories	Pro- rata Subscription			
	Annual Membership Sept-Nov	Dec - Feb	March - May	June - August
Professional Member (Voting)	\$80.00	\$60.00	\$40.00	\$20.00
Associate Member (Non-Voting)	\$60.00	\$45.00	\$30.00	\$15.00
Trainee Member (Non-Voting)	\$40.00	\$30.00	\$20.00	\$10.00

## PERSONAL DETAILS

Dr  Mr  Mrs  Ms  Miss  Other

Family Name:

Former Name: (If Applicable)

Given Names:

Date of Birth:

**Personal Contact Details:** (Remains confidential and all office correspondence will be sent to the postal address.)

(Optional) By providing this information you are nominating to be accessible by another member of the public. (See Privacy of Info p.3)

Postal Address:

Contact Address:

Residential Address:

State:

Postcode:

State:

Postcode:

Telephone: (BH)

(AH)

Contact Telephone:

(BH)

(AH) Optional

Mobile:

Email:

Mobile:

Email:

Area of Practice (population/setting/private or public practice)

Organisation:

## MEMBERSHIP OF ACATA / ASSESSMENT OF QUALIFICATIONS

1. Have you a previous membership with ACATA? (Please Circle) **YES/NO**

2. Are you registered to any other associations?

If yes, please state association and membership category \_\_\_\_\_

### ACADEMIC RECORD

Applicant must list below relevant **TAFE/undergraduate/postgraduate/master/doctorate** qualifications in ACATA approved course. A list of ACATA approved courses is available at [www.acata.org.au](http://www.acata.org.au)

Name of Institution	Degrees/Diplomas & Post Graduate Qualifications	Month & Year Completed
Thesis Title (where applicable)		

#### Supporting Documentation Checklist:

- As evidence of your studies, please include official academic transcripts itemising each subject undertaken and showing completion of each qualification **and/or** certified copy of degree.  
Academic transcripts/degree may be presented in either original format or as a certified photocopy, as outlined below: **(Exempt from this step are Student Applicants who are required to fill out the student certification section)**
- Please ensure a certifying officer originally certifies the photocopied documentation e.g. Justice of the Peace, Police Officer or Pharmacist. Each photocopied page should be marked 'certified as a true copy of the original' and include the signature and printed name of the certifying officer. If the documents do not follow the original certification process, the processing of the application will be delayed.
- Please note any documentation submitted to ACATA will not be returned.
- If you have completed a degree by research (e.g. PhD, Masters), please provide original or certified evidence of the academic transcripts, together with certified copies of the following evidence of the thesis i.e. title page.
- If you have submitted transcripts in the last three years with a previous application, it is not necessary to re-submit transcripts. Only note they are on record at ACATA.
- If your transcripts are in another name to that listed on this application form, please include certified documentation of your change of name (e.g. Marriage Certificate).

**Note: Exclusion of any supporting documentation outlined above will delay the processing of the application. Please allow approximately 6 weeks for you application to be processed**

### CERTIFICATION (Student Applicants Only)

To be completed by **Course Co-ordinator or Head of Department** which student applicant is currently enrolled in.

I hereby certify that the applicant, \_\_\_\_\_ is currently enrolled in a

(Full Name of Student Applicant)

and year \_\_\_\_\_.

(Program Name)

Full Name:	Contact Number:
Position/Title:	Name of Institution:
Signature:	Date:

