



Irish Association of Creative Arts Therapists, PO Box 4176, Dublin 1
Tel: 087-9921746; E-mail: iacat_email@yahoo.ie; Website: www.iacat.ie
APPLICATION FOR ASSOCIATE MEMBERSHIP

Name: _____
Home Address: _____

Home Ph: _____ **Work Ph:** _____
Email: _____

Work/area of Interest _____

Annual Membership Fee: €60. Fees are due in January of each year.

IACAT compiles a list of Associate members, which is published by the association mainly for networking purposes. On joining the association your name will automatically be added to the Associate Membership list unless you cross the following box;

I do not wish my name to be used on an Associate Membership List

Membership offers reduced entry cost to twice yearly workshop/open days and other information circulated free.

Please return, enclosing fee, to the Secretary

Signature: _____ Date: _____

OFFICE USE ONLY

Received (date)	
Amount	
Application Fee	
Membership period	
Date of Registration	

Documentation enclosed

Journal

Comments: _____
