



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 FULL MEMBERSHIP

Name: _____
 Home Address: _____

 Home Ph: _____ Work Ph: _____
 Email: _____
 Please confirm in which modality you have qualified:

Art Therapy	Music Therapy	Dramatherapy	Dance Movement Therapy
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Please list all *Current employment* below:

Name & Address of Facility	Your Title	Nature of Work

Please list details of Therapy training and related education below (please enclose copies of Diplomas etc.,)

University/College	Course Description	Course Director & contact details	Dates

Please list areas of *Specialisation or Interest*:

I wish my name to be added to your mailing list I would like my name given to prospective employers
 I have enclosed copies of diplomas etc., and fee of **€96** (recent graduates must include a letter of verification of successful completion of course until diploma is awarded at graduation). **Please note registration will NOT be possible without these**
 Signature: _____ Date: _____

*If this application is successful you will be required to sign an agreement to abide by our Code of Ethics

OFFICE USE ONLY

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

Documentation enclosed Journal
 Comments: _____
