



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 ORGANISATIONAL MEMBERSHIP

Name of Organisation: _____
Address: _____

Tel: _____ **FAX:** _____
Email: _____

Contact persons name (and contact details if different from above):

Organisations area of interest/shared work etc.,

Annual Membership Fee: €144. Fees are due in January of each year.

Membership offers:

- Reduced entry cost to twice yearly workshop/open days /training events
- 2 journals per year
- Access to regional group meetings
- Entry onto IACAT mailing list

Please return completed application, enclosing fee, to the Secretary

Signature: _____ Date: _____

OFFICE USE ONLY

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

Documentation enclosed _____ Journal _____
 Comments: _____
