



Association of Anthroposophic Therapeutic Arts

MUSIC, SINGING, SPEECH, VISUAL ARTS

APPLICATION FOR MEMBERSHIP

Section 1 – Personal details

Please complete the following areas:

1. **Name** _____

1. **Home Address** _____

_____ **Post Code** _____

Home Telephone _____

1. **Work Address** _____

_____ **Post Code** _____

Work Telephone _____

1. **Mobile Telephone** _____

1. **Email** _____

Section 2 – Membership level and profession

Note: To apply for Full membership you must be registered with the Council for Anthroposophic Health and Social Care (CAHSC) and/or Health Professions Council (HPC).

1. Choose the level of membership for which you are applying:

Full member CAHSC and/or HPC registration number _____

Associate member

Student member

Training you attend _____

Intended date of graduation _____

1. What is your Anthroposophic Therapeutic Arts profession? *(please tick)*

Visual Arts

Speech

Singing

Music

Section 3 – Sharing your information

Due to data protection laws please answer the following questions:

1. Do you wish to share your telephone number(s) with others? *(circle at least one for each category)*

Other members: Home Work Mobile No

The Public: Home Work Mobile No

1. Do you wish to share your email address with others?

Other members: Yes No *(circle one)*

The Public: Yes No *(circle one)*

1. Do you wish to share your address with others? *(circle at least one for each category)*

Other members: Home Work No

The Public: Home Work No

1. May we disclose your details to the Anthroposophic Health and Social Care Movement (AHaSC)? Yes No *(circle one)*

Section 5 – Declaration

1. *I confirm that the information I have provided on this application is true and accurate.*
2. *I confirm that I understand I am entering into an associative contract subject to dues and responsibilities.*
3. *I understand that it is my responsibility to send any changes in the above details to the association secretary.*
4. *I understand should my application be successful I am subject to an annual subscription fee.*

Providing false information on this application is liable to result in exclusion from the association.

Signature _____

Date _____

Please send your completed application to

Pia Poulsen
AATA Treasurer
3 Melbourne Terrace
Lower Spillmans
Stroud
Glos. GL5 3RL