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| Icon  Description automatically generatedADTA Membership Renewal FormRenewal Period: 2021-2022 |
| **MEMBER CONTACT INFORMATION** |
| **NAME** | Click or tap here to enter text. |
| **ADDRESS** | Click or tap here to enter text. |
| **ADDRESS STREET 2** | Click or tap here to enter text. |
| **CITY** | Click or tap here to enter text. | **STATE**  | Click or tap here to enter text. |
| **ZIP CODE** | Click or tap here to enter text. |
| **COUNTRY** | Click or tap here to enter text. |
| **EMAIL** | Click or tap here to enter text. |
| **PHONE (HOME)** | Click or tap here to enter text. | **PHONE (CELL)** | Click or tap here to enter text. |
| **PHONE (WORK)** | Click or tap here to enter text. |
| **RENEWAL INFORMATION** |
| **MEMBER TYPE** | [ ]  ASSOCIATE MEMBER  | $70.00  |
| [ ]  ASSOCIATE MEMBER INTERNATIONAL | $70.00 |
| [ ]  CREDENTIAL ONLY MEMBER  | $275.00 |
| [ ]  INSTITUTIONAL MEMBER | $300.00 |
| [ ]  INSTITUTIONAL MEMBER INTERNATIONAL | $300.00 |
| [ ]  PROFESSIONAL MEMBER  | $75.00 |
| [ ]  PROFESSIONAL MEMBER INTERNATIONAL | $75.00 |
| [ ]  RETIRED MEMBER  | $65.00 |
| [ ]  RETIRED MEMBER INTERNATIONAL | $65.00 |
| [ ]  STUDENT MEMBER | $37.50 |
| [ ]  STUDENT MEMBER INTERNATIONAL | $37.50 |
| [ ]  STUDENT MEMBER HIGH SCHOOL | $37.50 |
| **SELECT YOUR CHAPTER(S)** | **STUDENT AND RETIRED MEMBERS**  | **PROFESSIONAL, ASSOCIATE, AND INSTITUTIONAL MEMBERS** |
| [ ]  California | $15.00 | [ ]  California | $20.00 |
| [ ]  Carolina | $15.00 | [ ]  Carolina | $20.00 |
| [ ]  Illinois | $15.00 | [ ]  Illinois | $20.00 |
| [ ]  MD/DC/VA | $15.00 | [ ]  MD/DC/VA | $20.00 |
| [ ]  Minnesota | $15.00 | [ ]  Minnesota | $20.00 |
| [ ]  New England | $15.00 | [ ]  New England | $20.00 |
| [ ]  New Jersey | $15.00 | [ ]  New Jersey | $20.00 |
| [ ]  New York | $15.00 | [ ]  New York | $20.00 |
| [ ]  Pennsylvania | $15.00 | [ ]  Pennsylvania | $20.00 |
| [ ]  Puerto Rico | $15.00 | [ ]  Puerto Rico | $20.00 |
| [ ]  Rocky Mountain | $15.00 | [ ]  Rocky Mountain | $20.00 |
| [ ]  Southern Chapter | $15.00 | [ ]  Southern Chapter | $20.00 |
| [ ]  Texas | $15.00 | [ ]  Texas | $20.00 |
| [ ]  Washington | $15.00 | [ ]  Washington | $20.00 |
| **CREDENTIAL RENEWAL** | **Please fill out this section if you are a credentialed member. If you do not have any of the below information, please leave blank.**  |
| **DMT CREDENTIAL**  | Choose an item. | **CREDENTIAL NUMBER** | Click or tap here to enter text. | **CREDENTIAL** **YEAR** | Click or tap here to enter text. |
| **Registered Dance/Movement Therapist (R-DMT)** | **Board Certified Dance/Movement Therapist (BC-DMT)** |
| [ ] Full Credential Renewal (10+ hours a week) |  $190.00 | [ ] Full Credential Renewal (10+ hours a week) | $215.00 |
| [ ] Reduced Practice (< 10 hours a week) | $65.00 | [ ] Reduced Practice (< 10 hours a week) | $65.00 |
| [ ] Temporary Inactive | $65.00 | [ ] Temporary Inactive | $65.00 |
| [ ] Retired Inactive | $65.00 | [ ] Retired Inactive | $65.00 |
| **DONATIONS** |
| **ADTA SCHOLARSHIP FUND** | **Please consider donating to the ADTA Conference Scholarship.  We will be awarding three (3) scholarships to cover conference registration costs for members with a stated financial need.** |  |
| ADTA Scholarship Fund Donation Amount  | $Click or tap here to enter text. |
| **ADTA PAY-IT- FORWARD** | **Pay-it-forward Donation! Please consider donating to a fellow ADTA member's membership.** |
| **ADTA Pay-It-Forward Donation Amount** | **$**Click or tap here to enter text. |
| **\*\* The ADTA is a 501(c)6 organization. Contributions to a 501(c)6 are not tax deductible as charitable contributions. For FY 2021-2022, 100% of ADTA dues and chapter dues are deductible, as an ordinary and necessary business expense.  Consult your tax advisor for your situation.** |
| **CODE OF ETHICS**[**Code of Ethics and Standards of Practice PDF.**](https://www.adta.org/assets/docs/Code-of-the-ADTA-DMTCB-Final.pdf) | [ ]  **I acknowledge that I have read and understand The Code of Ethics and Standards of the American Dance Therapy Association (ADTA) and the Dance/Movement Therapy Certification Board (DMTCB)** |
| **PAYMENT INFORMATION** |
| **Total Payment Amount** | **$Click or tap here to enter text.** |
| **Print out form and send with payment to the ADTA OFFICE at:****230 WASHINGTON AVENUE EXTENSION, SUITE 101, ALBANY, NY 12203** |
| **CHECKS/MONEY ORDER:** **All currency must be in U.S dollars.** **(Make all checks and money orders payable to ADTA.)** | **CREDIT CARD (Please PRINT legibly information as it appears on credit card.)** |
| **Check Number** | Click or tap here to enter text. | **CREDIT CARD #** | Click or tap here to enter text. |
| **NAME ON CARD** | Click or tap here to enter text. |
| **Expiration Date****MM/YY** | Click or tap here to enter text. | **CVV** | Click or tap here to enter text. |
| **ADDRESS**  | Click or tap here to enter text. |
| **CITY** | Click or tap here to enter text. | **STATE** | Click or tap here to enter text. |
| **ZIP CODE** | Click or tap here to enter text. |
| **Members will receive a confirmation email once payment is credited to their account.** **Thank you for renewing your membership with the ADTA!** |