|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Icon  Description automatically generatedADTA Membership Renewal Form  Renewal 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!** | | | | | | | | | | | | | | | | |