

International Art Education&Therapy Development Academic Association

General Membership Application Form

Name		Sex		Date of Birth		Nationality		profile with two inches smaller on white background
Native place		Birth place				Party Groupings		
Graduation School& Major						Education Background		
ID Number						Psychology learning experience		
Company						Title and position		
Mother tone						Other language		
Do you have a criminal record						Do you have any history of genetic or psychiatric disorders? (if yes, please clarified)		
Address							Zip Code	
Contact	Mobilephone							
	Email							

Current position	Full/Part Time	
	Social position	
Learning Experience In Art Education & Therapy		
Working Experience		

Note: (1) Place of origin should be filled in at the city level. (2) How many foreign languages do you master. (3) Major: such as educational psychology, developmental psychology, art therapy. Etc. If there is not enough space, please fill them on the supplement paper.

Have you participated in other academic associations? What position do you hold?		
Referee	(Signature and seal)	(Signature and seal)

Review Opinions	(Signature and seal)	
Notes		

Fee of IAETDAA Membership: 42 \$ /per year

Please package and send this application form along with the front & back photos of ID card to IAETDAA@gmail.com In order to verify the membership identity, please note that the information you submitted must ensure its authenticity. If there are any fraudulent elements in the information you submitted, you will be responsible for the consequences. The association will cancel its membership and the membership fee will not be refunded.