



## IAETDAA Membership Application Form

Dear Applicant, thank you for your interest in joining our global professional community! Please complete the form below, and we will process your application promptly.

| <b>Part 1: Personal Information</b>  |  |                                      |  |
|--|--|--------------------------------------|--|
| Full Name<br>(As in ID)  |  | Name in English<br>(For certificate) |  |
| Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say |                                      |  |
| Date of Birth  | Year _____/Month<br>_____  | Nationality                          |  |
| Current Profession   |  |                                      |  |
| Institution/Affiliation  |  | Position                             |  |
|  |  |                                      |  |
| <b>Part 2: Contact Information</b>   |  |                                      |  |
| Email Address  |  | Mobile Phone<br>(With country code)  |  |
| WeChat ID (If any)   |  |                                      |  |
| Mailing Address<br>(/For material delivery)  |  |                                      |  |
| City   |  | Country                              |  |
| <b>Part 3: Education &amp; Professional Background</b>   |  |                                      |  |
| 3.1 Highest Academic Degree  |  |                                      |  |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Doctorate</li><li><input type="checkbox"/> Master's</li><li><input type="checkbox"/> Bachelor's</li><li><input type="checkbox"/> Other: _____</li></ul> |  |                                      |  |
| University: _____  |  |                                      |  |
| Major: _____   |  |                                      |  |
| Year of Graduation: _____  |  |                                      |  |
| 3.2 Relevant Professional Certifications<br>(e.g., Registered Art Therapist)   |  |                                      |  |
| 1.<br>2.   |  |                                      |  |
| 3.3 Please briefly describe your professional background and relevant work experience.   |  |                                      |  |



|   |  |                           |  |
|---|--|---------------------------|--|
| <b>Part 4: Membership Category Applied For</b>  |  |                           |  |
| <p>Please select one based on your qualifications.</p> <ul style="list-style-type: none"><li>• <input type="checkbox"/> Professional Member (\$120 USD/year)<ul style="list-style-type: none"><li>• Holds a master's degree or higher in a relevant field, or equivalent professional certification.</li></ul></li><li>• <input type="checkbox"/> Associate Member (\$60 USD/year)<ul style="list-style-type: none"><li>• Currently enrolled in a relevant degree program or under supervised practice.</li></ul></li><li>• <input type="checkbox"/> Affiliate Member (\$80 USD/year)<ul style="list-style-type: none"><li>• Has a strong interest in arts in therapy and engages in related education, research, management, or support work.</li></ul></li><li>• <input type="checkbox"/> Institutional Member (\$500 USD/year)<ul style="list-style-type: none"><li>• Institution Name: _____</li><li>• Primary Contact: _____</li></ul></li></ul> |  |                           |  |
| <b>Part 5: Professional Interests</b>   |  |                           |  |
| <p>This helps us provide you with more relevant content and event recommendations.<br/>(Multiple choices allowed)</p> <ul style="list-style-type: none"><li>• <input type="checkbox"/> Visual Arts Therapy</li><li>• <input type="checkbox"/> Music Therapy</li><li>• <input type="checkbox"/> Dance/Movement Therapy</li><li>• <input type="checkbox"/> Drama Therapy</li><li>• <input type="checkbox"/> Expressive Arts Therapy</li><li>• <input type="checkbox"/> Psychology &amp; Counseling</li><li>• <input type="checkbox"/> Education &amp; Special Education</li><li>• <input type="checkbox"/> Neuroscience</li><li>• <input type="checkbox"/> Community Arts</li><li>• <input type="checkbox"/> Other: _____</li></ul>   |  |                           |  |
| <b>Part 6: Referee (Optional)</b>   |  |                           |  |
| Referee 1   |  |                           |  |
| Name  |  | Position                  |  |
| Institution   |  |                           |  |
| Email   |  | Relationship to Applicant |  |
| Referee 2   |  |                           |  |
| Name  |  | Position                  |  |



|             |  |                           |  |
|-------------|--|---------------------------|--|
| Institution |  |                           |  |
| Email       |  | Relationship to Applicant |  |

#### Part 7: Declaration & Submission

I confirm that the information provided above is true and accurate.

I agree to abide by the IAETDAA Constitution and its relevant regulations.

I agree to receive membership communications, event notices, and other emails from the Association.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### 1. Submit Your Application

Please email the completed form to: iaetdaa@163.com.

#### 2. Upload Supporting Documents (Please attach to the email)

- Curriculum Vitae
- Scanned copy of your highest academic certificate
- Electronic ID photo
- Scanned copy of professional certification (if applying for Professional Membership)
- letter(s) of recommendation (1-2) (if applying for Professional Membership)
- Scanned copy of student ID / internship certificate (if applying for Associate Membership)
- Qualification certificates from other relevant fields. (if applying for Affiliate Members)
- Business license/registration certificate of the institution (if applying for Institutional Members)
- Institution profile (if applying for Institutional Members)

#### 3. Review & Payment

We will review your application within 10 business days.

Upon approval, we will send you a payment method via email.

Welcome to our global family!