



International Arts Education & Therapy Development Academic Association  
Website: <http://www.iaetdaa.com> Email: [iaetdaa@gmail.com](mailto:iaetdaa@gmail.com)

## 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 (As in ID)		Name in English (For certificate)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say		
Date of Birth	Year ____/Month ____	Nationality	
Current Profession			
Institution/Affiliation		Position	
<b>Part 2: Contact Information</b>			
Email Address		Mobile Phone (With country code)	
WeChat ID (If any)			
Mailing Address (/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 (e.g., Registered Art Therapist)			
1.			
2.			
3.3 Please briefly describe your professional background and relevant work experience.			



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#### Part 4: Membership Category Applied For

Please select one based on your qualifications.

- ☐ Professional Member (\$120 USD/year)
  - Holds a master's degree or higher in a relevant field, or equivalent professional certification.
- ☐ Associate Member (\$60 USD/year)
  - Currently enrolled in a relevant degree program or under supervised practice.
- ☐ Affiliate Member (\$80 USD/year)
  - Has a strong interest in arts in therapy and engages in related education, research, management, or support work.
- ☐ Institutional Member (\$500 USD/year)
  - Institution Name: \_\_\_\_\_
  - Primary Contact: \_\_\_\_\_

#### Part 5: Professional Interests

This helps us provide you with more relevant content and event recommendations.  
(Multiple choices allowed)

- ☐ Visual Arts Therapy
- ☐ Music Therapy
- ☐ Dance/Movement Therapy
- ☐ Drama Therapy
- ☐ Expressive Arts Therapy
- ☐ Psychology & Counseling
- ☐ Education & Special Education
- ☐ Neuroscience
- ☐ Community Arts
- ☐ Other: \_\_\_\_\_

#### Part 6: Referee (Optional)

Referee 1

Name		Position	
Institution			
Email		Relationship to Applicant	

Referee 2

Name		Position	
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Institution			
Email		Relationship to Applicant	
<b>Part 7: Declaration &amp; Submission</b>			
<p>I confirm that the information provided above is true and accurate.</p> <p>I agree to abide by the IAETDAA Constitution and its relevant regulations.</p> <p>I agree to receive membership communications, event notices, and other emails from the Association.</p> <p>Applicant Signature: _____</p> <p>Date: _____</p>			

### 1. Submit Your Application

Please email the completed form to: [iaetdaa@163.com](mailto: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!

International Arts Education & Therapy Development Academic Association (IAETDAA)  
Membership Management Committee