



10 Anson Road #26-04 International Plaza Singapore 079903

contact@atas.org.sg

www.atas.org.sg

## APPLICATION FOR PROFESSIONAL MEMBERSHIP FORM

### Types of Membership

- 1. Full Members (S\$100):**  
Graduate qualification in art therapy (Postgraduate diploma, Master degree, etc.)
- 2. Fellows (S\$100):**  
Individuals who are well-established and have made substantial original contribution to the advancement of art therapy knowledge or practice.
- 3. A Associate Members (S\$80):**  
Professionals who satisfy the committee of their legitimate interest in art therapy and share the aims of the association but training and professional focus may differ from the specialty of art therapy. Such professionals may include those practicing in creative or diagnostic arts approaches via social work, education, medicine or psychology.
- 4. Student Members (S\$50):**  
Individuals who are undertaking full-time postgraduate training in art therapy.

The processing fee is S\$80. This fee is **NON-REFUNDABLE** and it is not inclusive of the annual membership subscription which is payable only after this application has been approved.

Please select one type of membership (tick):

Full       Fellow       Associate       Student

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### Personal

#### Particulars

Title: Dr / Mr / Mrs / Miss / Ms

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Citizenship: \_\_\_\_\_ NRIC/Passport: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: (Res) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Working:  Full-time     Part-time     Private-practice     Not-working

Office address: \_\_\_\_\_

Academic Qualification\*: \_\_\_\_\_

**\*Please attached a certified copy of your certificate of highest qualification**

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Area(s) of Speciality or Interest (if any): \_\_\_\_\_

\*\*\*\*\*PLEASE PROCEED TO OVERLEAF\*\*\*\*\*



▪ **Would you be prepared to serve on our committee/subgroup?** **\*Yes / No** **\*If yes, please tick in which area**

- Membership     Secretarial     Finance     Ways & means     Organizing workshops  
 Programme     Publicity     Website     Art & craft     Organizing exhibitions  
 Others: (please specify) \_\_\_\_\_

▪ **Would you like your practice information to be on ATAS website directory?** **\*Yes/ No**

\*The following information will be on the directory in our official website. Your full name, qualification and credentials, work location, business phone number, business e-mail address, website or any other media interface and specialty/expertise/interest. Please provide additional information if the details provided on the first page differ from the information that you would like to indicate on the directory.

**Please mail completed application form to: 10 Anson Road #26-04 International Plaza Singapore 079903**

▪ By Cheque  
Payment made payable to: **ATAS**

Cheque no.: \_\_\_\_\_ Bank name: \_\_\_\_\_

▪ By direct transfer.  
UOB: Swift Code: UOVBSGSG, Bank Code: 7375. Please transfer to UOB account number:4213016819 and mail or email the fund transfer receipt to [contact@atas.org.sg](mailto:contact@atas.org.sg) with your application form to the above-mentioned address.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For official use:**

Receipt number: \_\_\_\_\_

Date of application received: \_\_\_\_\_

Acknowledgement sent: \_\_\_\_\_

Total amount received: S\$ \_\_\_\_\_ Cash/Cheque, Bank details: \_\_\_\_\_

Date: \_\_\_\_\_ (DD/MM/YY)

**Application approved by:** A: \_\_\_\_\_

B: \_\_\_\_\_

Comments: \_\_\_\_\_