

2022-2023 Membership/Registry Renewal Form
 FOR THE PERIOD: MAY 1, 2022, TO APRIL 30, 2022

Due by May 30, 2022

Save paper and postage!

Renewing is easy when you do it online at NADTA.ORG!

MAILING ADDRESS (Complete the fillable form)			
NAME		BIRTHDATE Month / Date / Year	
COMPANY (ONLY for mail delivery to business address or organization renewals)		New or previous member Have you ever been a member of the NADTA? Yes No	
ADDRESS		Prefer not to answer	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
COUNTRY	EMAIL		
HOME PHONE	CELL PHONE	WORK PHONE	FAX

ACKNOWLEDGEMENT

I have read, understand, and agree to abide by the newly revised NADTA Code of Ethical Principles posted on the NADTA website at: <http://www.nadta.org/about-nadta/code-of-ethics.html>. I understand that membership and/or registry is contingent upon this signed acknowledgement, which will be kept on file at the NADTA office. **(Required for Registry and Membership in the NADTA)**

SIGNATURE _____

DATE _____

Membership reason (optional)

Please help us make your membership more valuable and enjoyable. Tell us why you are joining the NADTA. Please check up to 3 reasons that apply.

- | | |
|--|-------------------------------|
| Annual conference | Access to research |
| Continuing education (CE) | Advocacy for education issues |
| Career and professional development | Advocacy for practice issues |
| To support the NADTA mission | Advocacy for research funding |
| News and trends in my field | Advocacy for social issues |
| Leadership opportunities | Scholarship/Award information |
| Networking | Prefer not to answer |
| Prestige/Recognition | Other |
| Professional identity/Sense of belonging | |

Description		Fee	Amount	OTHER FEES	Amount
REGISTRY	PROFESSIONAL RDT/BCT OR RDT/MT (Includes membership)	\$120.00		REGION DUES	
	PROFESSIONAL RDT (INCLUDES MEMBERSHIP)	\$100.00		CANADA EASTERN CENTRAL WESTERN	\$15 per region
	Failure to renew registry will void credentials. It is the responsibility of the RDT to renew by May 1 st each year.			Drama Therapy Fund Donation (Tax Deductible)	
MEMBERSHIP	ORGANIZATION/SCHOOL	\$105.00		COVID-19 Response Fund Donation (All funds will go toward assisting members with financial hardship due to the pandemic.) NADTA turns away no one based upon economic hardship. If you have special needs or extenuating circumstances, please contact our office.	
	MEMBER	\$60.00			
	65+ MEMBER (PROOF OF AGE REQUIRED--RETIRED AND NO LONGER USING RDT CREDENTIAL)	\$50.00		LATE FEE (AFTER AUGUST 1, 2022)	\$20.00
	Student	\$40.00		TOTAL ENCLOSED (US FUNDS)	

PAYMENT INFORMATION			
CHECK/MONEY ORDER PAYMENT		CREDIT CARD	VISA/MASTERCARD AMERICAN EXPRESS
CHECK/MONEY ORDER NUMBER		CREDIT CARD NUMBER	
<p>All currency must be in U.S. dollars. Make checks payable to: NADTA</p> <p>*There is a \$25 fee if check is returned for insufficient funds. We encourage Canadian and International members to use a credit card, as the bank charges we incur are substantial.</p>		EXP. DATE (MONTH/YEAR)	
		SECURITY CODE	
		NAME ON CARD (Please Print)	
RETURN THIS FORM TO		ADDRESS (Must match billing address in credit card profile.)	
Office Address:			
NADTA Office 230 Washington Ave Ext., Suite 101, Albany, NY 12203		CITY	STATE/PROVINCE
		ZIP CODE	
		COUNTRY	
Office Email: office@nadta.org		AUTHORIZED SIGNATURE (By entering my electronic signature, I authorize NADTA to charge my credit card for the fees noted on this renewal form.)	
Office Fax: 518.463.8656		DATE	

MENTORSHIP Check the box if you are interested in being a mentor to new drama therapists.
(Mentorship runs through the membership year, May 1st - April 30th.)

DEMOGRAPHICS (While *optional*, this information provides NADTA with a clearer picture of our organization's membership and helps us identify the communities we may not be reaching. Please complete as you feel comfortable by selecting your choices from the drop-down menu. Options provided are not an exhaustive list.)

Pronouns	Sexuality	Gender Expression	Gender Identity
She/her	Asexual	Cisgender	Cisgender
He/him	Bisexual	Female	Female
They/them	Gay	Genderqueer	Genderqueer
Ze/hir	Heterosexual	Male	Male
No pronouns – use my name	Lesbian	Non-binary	Non-binary
Ze/zir	Queer	Post-gender Queer	Post-gender
Per/pers	Questioning	Questioning	Queer
Ey/em	Pan-Attractional	Transgender	Questioning
Xe/xem	I prefer not to answer	I prefer not to answer	Transgender
	Some other sexuality, please specify:	If you have other gender expressions not listed, please specify:	I prefer not to answer If you have other gender identities not listed, please specify:

Ethnicity	Race
Asian/Asian American/Pacific Islander	Asian/Asian American/Pacific Islander
African American/ Black	African American/ Black
Caribbean/Caribbean American	Caribbean/Caribbean American
Immigrant/Non-American	Immigrant/Non-American
Indigenous – First Nations/American Indian/ Alaskan Native	Indigenous – First Nations/American Indian/ Alaskan Native
Jewish	Jewish
LatinX, Hispanic or Spanish Origin	LatinX, Hispanic or Spanish Origin
Biracial/Multiracial: please specify, if comfortable:	Biracial/Multiracial: please specify, if comfortable:
North American	North American
White	White
I prefer not to answer	I prefer not to answer
If you have other ethnic identities not listed here, please specify:	If you have other ethnic identities not listed here, please specify:

Marital status	Employment Status	Ability
Single, never married Married or Domestic Partnership Widowed Divorced Separated Prefer not to say	Employed, working 40 or more hours per week Employed, working 1-39 hours per week Self-employed	Autism Spectrum Chronic pain Hearing impairment Intellectual or Developmental Disability Learning disability Long-term medical illness Mental health impairment Mobility impairment Sensory impairment Temporary impairment due to illness or surgery Visual impairment Disability or impairment not listed above (please specify, if comfortable):
Income	Out of work and looking for work	
\$0 to \$9,999 \$10,000 to \$24,000 \$25,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999 \$100,000 to \$124,999 \$125,000 to \$149,999 \$150,000 to \$175,999 \$175,000 to \$199,999 \$200,000 and up Prefer not to answer	Out of work but not currently looking for work A student Military	I do not identify with a disability or impairment I prefer not to answer

POPULATIONS, SETTINGS & AGE RANGE OF CLIENTS WITH WHOM YOU WORK

Populations		Settings	
Affective Disorders	HIV/AIDS	Adult Daycare	Middle School
Marriage/Family Therapy	Sexual Abuse, Sexual Offenders	Agency	Pre-School
Spirituality Issues		Day Treatment	Special Education
Abused/Neglected Children	ADHD	Group Home/Residential	Theatre
Eating Disorders	Alzheimer's/Dementia	Non-Profit	Prison or Correctional Facility
Grief/Loss	College Students	Outpatient	Inpatient Hospital
PTSD	DT in Education	Private Practice	Clinical
Chronically Mentally Ill	Undocumented Persons	Recreational Programming	Partial Hospitalization
LGBTQ	Asperger's/Autism Spectrum Disorders	Theater	Medical
Intellectual/Developmental Disabilities	Personality Disorder	Community Service	Recreational Programming
Personality Disorders	Spirituality Issues	Consultant	Nursing Home
Refugee/Immigrants	ADHD	Elementary School	Adult Daycare
Substance Abuse	Marginalized or Exploited Communities	College/University	Government/Community Service
Terminally ill		Inpatient/Outpatient	
Veterans	Parolees	Secondary School	Clinical
Youth at Risk	Women's Issues	Post Graduate Institute	Corporate
Homeless	Cancer	Community Organizations	Homeless Shelter
Inmates	Blind, Deaf, HH	Church	Hospice
Domestic Violence	Physically disabled	Geriatric/Nursing Home	Group Home/Residential
		Inpatient	Government

Age Range of Clients

Adults	Adolescents	Children	65 and older	Geriatric
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Affiliations

American Dance Therapy Association, Inc. (ADTA)
 American Art Therapy Association (AATA)
 American Association for Music Therapy (AAMT)
 National Association for Poetry Therapy
 American Group Psychotherapy Association (ASGPP)
 American Alliance for Theater and Education (AATE)
 American Counseling Association
 American Psychological Association (APA)

Association for Theatre in Higher Education (ATHE)
 Educational Theatre Association
 Healing Story Alliance
 Institute for Mental Health Initiatives (IMHI)
 International Association for Play Therapy (IAPT)
 National Association of Social Workers (NASW)
 Society for the Arts in Healthcare (SAH)
 Other

EDUCATION INFORMATION

Education	Are you a student or will you be a student in a related field?					Major field of degree										
(Highest degree or level of school you have completed) Less than a high school Diploma High school degree or equivalent (e.g. GED) Some college, no degree Associates degree (e.g. AA, AS) Bachelor's degree (e.g. BA, BFA, BS) Master's degree (e.g. MA, MFA, MS, Med) Doctorate or professional degree (e.g. MD, DDS, PhD) I prefer not to answer Some other degree/level, please specify:	Yes (If Yes, please specify below) <table border="0"> <tr> <td>high school</td> <td>community college</td> <td colspan="3">undergraduate</td> </tr> <tr> <td>graduate student</td> <td>other graduate status</td> <td colspan="3">internship</td> </tr> </table>					high school	community college	undergraduate			graduate student	other graduate status	internship			Clinical Psychology Cognitive science Counseling psychology Education Social Work Other
	high school	community college	undergraduate													
graduate student	other graduate status	internship														
What degree are you currently pursuing?					Expected graduation date											
	PhD	PsyD	EdD	MD	DSW											
	MA	MS	BS	BA	Associate's degree											
	Other															

LICENSURE

Are you currently licensed?	Are you planning to pursue a license to practice?	Please select which license you possess or will pursue:	
Yes	Yes	Psychologist	Social Worker
No	No	Clinical	MSW
In which State, Province, Region are you or will you pursue licensure?		Counseling	LCSW
		School	Other:
		Other:	Creative Arts Therapist
		Professional Counselor	Teacher
		Mental Health Counselor	Other valid registry or certifications you hold (ex: Play therapy, certified psychodramatist etc.)
		School Counselor	
		Marriage and Family Therapist	Prefer not to answer

MEMBERSHIP SURVEY – [CLICK HERE](#) to complete the NADTA Membership Survey!

The survey is optional and is completed by members on a voluntary basis. Responses collected are shared with the NADTA Board and Committee Chairs with the goal of meeting the needs, interests, and concerns of our diverse membership. Responses remain anonymous unless you choose to leave your name at completion.

RETURN THIS FORM TO

Office Address
 NADTA Office
 230 Washington Ave Ext., Suite 101, Albany, NY 12203

Office Email: office@nadta.org
Office Fax: 518.463.8656