



Child and Adolescent Therapists Association

CATA Membership Application

Name: _____

Affiliation: _____

Address: _____

Phone Number: Home _____ Cell _____

Email: _____

Occupation: _____

Professional Memberships/ Affiliations: _____

Dues (check one): Professional (\$25 per year)

Student (\$20 per year)

Affiliate (\$15 per year)

CATA is not an accrediting professional body, and the name or logo shall not be used as a credential. Therefore, by signing this application I acknowledge and agree that my membership in CATA does not certify, imply, or affirm my knowledge or competency in my profession or otherwise. I have not and will not use membership in CATA as a credential.

Signature: _____

Date _____ / _____ / _____

Please send completed application to CATA, PO BOX 1196, Nelson 7040