

2009-2010 Membership/Registry Renewal

FOR THE PERIOD: MAY 1, 2009 TO APRIL 30,2010

MAILING ADDRESS (Please Print)

Registry & Membership Renewals Due by May 1, 2009

NAME		BIRTHDATE	
COMPANY (ONLY – If mail is to be delivered to a business address OR, if you are an ORGANIZATION who is renewing)		<input type="checkbox"/> NEW MEMBERSHIP <input type="checkbox"/> RENEWAL	
ADDRESS		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
CITY	STATE/PROVINCE	ZIP + 4	
COUNTRY		EMAIL	
HOME PHONE	CELL PHONE	WORK PHONE	FAX
ACKNOWLEDGEMENT I have read, understand and agree to abide by the NADT Code of Ethical Principles posted on the NADT website at: http://www.nadt.org/codeofethics.html . I understand that membership and/or registry is contingent upon signing this acknowledgement and will be kept on file at the NADT Office.		NADT turns away no one based upon economic hardship. If you have special needs or extenuating circumstances, please contact our office.	
X SIGNATURE (Required for Registry & Membership in NADT) _____ DATE _____		Alternative Training Students are required to renew their membership through the duration of their program.	
		Failure to renew registry will void credentials. It is the responsibility of the RDT to renew by May 1st each year.	

*A completed updated Alternative Learning Contract is required to be on file annually with the NADT Office with both BCT & Student signatures.

**Proof of age required first-time.

CHECK/MONEY ORDERS:
 All currency must be in US Dollars.
 Make checks payable to: NADT

CHECK or MONEY ORDER NO. _____

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.



**Save paper and postage!
 Now, you can renew and pay online at www.nadt.org**

(See enclosed letter for your personalized login instructions)

TOTAL ENCLOSED (US FUNDS) \$ _____



USE THIS FORM ONLY IF SENDING IN PAYMENT.

CREDIT CARD (Please PRINT Name as it appears on card. Billing address on CARD is REQUIRED and MUST be an exact match.

MASTERCARD
 VISA

NAME ON CARD (PLEASE PRINT) _____

CREDIT CARD BILLING ADDRESS IS THE SAME AS ABOVE.

ADDRESS CARD IS BILLED TO (if different from Mailing Address) CITY ST/PROVINCE ZIP (REQUIRED)

CREDIT CARD NUMBER EXP. DATE (MONTH / YEAR)

AUTHORIZED SIGNATURE DATE

	Description	FEE	AMOUNT
REGISTRY	Professional RDT/BCT or RDT/MT	\$115	\$
	Professional RDT	\$ 95	\$
	RDT Private Practice Web Listing (Optional)	\$ 25	\$
MEMBERSHIP	Organization/School	\$100	\$
	Member	\$ 55	\$
	Allied Professional	\$ 55	\$
	65+ Member (Proof of Age Required)**	\$ 45	\$
	Alt. Training Student *	\$ 35	\$
OTHER	Student (Student ID Required)	\$ 35	\$
	CHAPTER DUES: RDT & RDT/BCT	\$ 15	\$
	Indicate chapter Others	\$ 10	\$
	<input type="checkbox"/> Tri-State (NY, NJ, PA) <input type="checkbox"/> New England <input type="checkbox"/> No. California		
	POSTAGE FEE: Canada & Mexico	\$ 10	\$
	(If Applicable) International (Outside US)	\$ 15	\$
	Alternative Training Fee (1X fee - Signed Initial Contract Req.) (One-year Alt. Training Student Membership included)	\$ 75	\$
	DRAMA THERAPY FUND DONATION (Tax Deductible)		\$

Please update the information below for the membership directory.
This information will be provided as a network resource for other NADT Members.

SETTINGS:

Check all that apply

- Elementary School
- College/University
- Inpatient Hospital
- Day Treatment
- Recreational Programming
- Secondary School
- Post Graduate Institute
- Outpatient
- Group Home / Residential
- Consultant
- Prison or Correctional Facility
- Private Practice
- Nursing Home

Other settings not listed above.

CLIENT POPULATIONS:

Check all that apply

- Abused/Neglected Children
- Affective Disorders
- Chronically Mentally Ill
- DT in Education
- Eating Disorders
- Post Graduate Institute
- Grief /Loss
- HIV/AIDS
- Homeless
- Inmates
- Lesbian/Gay/Bi/Trans
- Marriage/Family Therapy
- MR/DD
- Normal Neurotic
- Older Adults
- Personality Disorder
- Physically Disabled
- PTSD
- Refugee/Immigrants
- Spirituality Issues
- Substance Abuse
- Terminal (not AIDS)
- Veterans
- Youth at Risk

Other populations not listed above.

AGE RANGE OF CLIENTS:

Check all that apply

- Children
- Adolescents
- Adults
- Geriatric

Are you a CURRENT Alternative Training Student?

- No Yes

If yes, please write in the name of your BCT

Are you a Student of one of the following schools?

- NYU / CIIS / CONCORDIA