

**Expressive Image Therapy Association
Membership Application**

We are delighted by your interest in becoming a member of EITA

First Name Mi Last Name

M F

Job Title and Current Position

Place of Employment (If Student, Name of School)
YOUR PREFERRED MAILING ADDRESS

Street

City State/Prov ZIP/PC Country

Work Phone Cell Phone

Email Address

EDUCATIONAL BACKGROUND

HS BA BS MS PhD

Association Membership Dues \$25 Annually

PAYMENT METHOD

My check is enclosed for \$_____, payable to EITA.
Charge \$_____ to my VISA MasterCard AMEX

Card Number Expiration Date

Name as it appears on your card

Authorized Signature

EITA Membership 540 E. Quail Rd. Orem, UT 84097 801-224-1207
www.expressiveimagetherapy.org