



# ATHENA

Association for Therapeutic Eurythmy in North America  
in connection with the Medical Section, Dornach, Switzerland

## Membership for the Year 2018

Name \_\_\_\_\_ [ ] opt out Date \_\_\_\_\_

Address \_\_\_\_\_ [ ] opt out

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ [ ] opt out Fax \_\_\_\_\_ [ ] opt out E-mail \_\_\_\_\_

We share our mailing list with the Medical Section and AAMTA only. AAMTA will include contact info in their practitioner's directory as a service to Full and AnthroMed members for professional referrals unless you mark the opt-out boxes above.

**There are four categories of membership.** Please **check and add \$ amount** to the appropriate one:

\$ \_\_\_\_\_ **ATHENA AnthroMed Certified membership, \$65/year.** For Therapeutic Eurythmists in N. America. This allows use of the AnthroMed trademark on business cards and other advertising info. Includes all other benefits of full membership. You must complete and return a separate *AnthroMed contract, available on our website.*

\$ \_\_\_\_\_ **ATHENA Full membership, \$55/year.** For Therapeutic Eurythmists in North America only. This includes dues to our umbrella organization, **AAMTA** (Association for Anthroposophic Medicine and Therapy in America), with a listing on their practitioner's directory. It also includes membership to **IKAM** (Internationale Koordination Anthroposophischer Medizin), our international association for therapeutic eurythmy. Full membership allows eligibility for reduced AAMTA and ATHENA conference fees and for ATHENA grants.

\$ \_\_\_\_\_ **Associate membership, \$40/year.** For Therapeutic Eurythmists residing outside North America, for retired TEs, for Physicians and for Eurythmists.

\$ \_\_\_\_\_ **Corresponding and Affiliated membership, \$40/year.** For friends and organizations including Waldorf schools, Camphill and other Associations.

\$ \_\_\_\_\_ *Additional donation for ATHENA*

\$ \_\_\_\_\_ *Additional donation to Children in Need Fund*

\$ \_\_\_\_\_ **TOTAL enclosed --- PLEASE make checks out to ATHENA**

**Send to: Miyoung Schoen, 4421 Crestridge Road, Fair Oaks, CA 95628**

★ **NEW MEMBERS applying for Full Membership**, please enclose copies of your

Recognized Eurythmy Diploma

Recognized Therapeutic Eurythmy Diploma

**For AnthroMed Certified membership please enclose:**  Completed Contract for AnthroMed Certification

ATHENA is interested in your area of expertise in the field of Therapeutic Eurythmy: \_\_\_\_\_

We welcome your suggestions, concerns, workshop ideas, questions and requests. You may include any correspondence with this application. We are interested in your work; please write a line or two or more using back of this application or an additional sheet. This information is only shared with ATHENA's members.

**THANK YOU for supporting ATHENA.**