



ATHENA

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

Membership for the Year 2024 (Due by January 15, 2024)

Name _____ Date _____

Address _____ [] opt out

City _____ State _____ Zip _____ Country _____

Phone _____ E-mail opt out [] _____

We share our mailing list with the Medical Section and **AHA** (Anthroposophic Health Association) only. **AHA** 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. All members receive ATHENA newsletters published twice a year.

\$ _____ **ATHENA Full membership, \$55/year.** For Therapeutic Eurythmists in North America with recognized diplomas (see * below). This includes dues to our umbrella organization, **AHA** 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 for voting rights, eligibility for reduced AHA and ATHENA conference fees, and ATHENA grants.

\$ _____ **Associate membership, \$40/year.** For Therapeutic Eurythmists residing outside North America, for eurythmists who are enrolled as students in a recognized Therapeutic eurythmy training course, and AHA members who hold certification in Anthroposophical Medicine from the Medical Section.

\$ _____ **Corresponding and Affiliated membership, \$40/year.** For organizations including Waldorf schools, Camphill, Eurythmists, Colleagues in related health fields, and **all** Friends.

\$ _____ *Additional donation for ATHENA*

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

\$ _____ *Additional donation for Therapeutic Eurythmy Emergency Fund*

\$ _____ *Additional donation for Adult Patient In Need Fund*

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

Send to: James Knight, 2420 N. West Quimby #9, Portland, OR 97210 USA

Or use PayPal: send it to athena.board.treasurer@gmail.com

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

- Recognized Eurythmy Diploma Recognized Therapeutic Eurythmy Diploma

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 correspondence with this application. We are interested in your work; please write a line or two or more using the back of this application or an additional sheet.

This information is only shared with ATHENA's members. All membership inquiries to athena.membership@gmail.com.

Thank you for supporting ATHENA! For more information, visit eurythmytherapy.org