



ATHENA

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

Membership for the Year 2025 (Due by January 15, 2025)

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 members. All members receive ATHENA newsletters published twice a year.

☐ \$____ **ATHENA Full membership, \$60/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, \$45/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, \$45/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**

If paying by check send form and check to: Julian Liu, 105 West Clay Creek Lane, Kennett Square, PA 19348 USA

If using PayPal: send it to athena.board.treasurer@gmail.com and include a note stating what your payment is for (i.e. type of membership and/or donation category)

OR visit therapeuticeurythmy.org to join, renew, and pay online using paypal, venmo, credit or debit card.

★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.

Or visit therapeuticeurythmy.org/resources for a printable copy of this form.

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