



Arizona Association for Play Therapy, a Branch of the Association for Play Therapy Annual Partnership Opportunities

Arizona Association for Play Therapy

Who We Are

Established in 1993, the Arizona Association for Play Therapy (AZAPT) is a state branch of the **Association for Play Therapy, Inc.** and is a 501(c)4 nonprofit organization. AZAPT seeks to:

- advance the discipline of play therapy;
- conduct and foster programs of education in the field of play therapy;
- provide a networking resource for all members;
- advance the standards of professional conduct through education, professional meetings, and conferences;
- inform and educate the general public and the mental health community about the play therapy profession;
- establish contracts with various organizations for support and educational pursuits; and
- advocate for the rights of children, their families and significant others.

Our Mission

The Mission of AZAPT is to Advance the Practice of Play Therapy through Education, Training and Advocacy.

Why Play Therapy?

For children, play is recognized as one of the most natural modes of learning and interacting with others. It is through play that children often express their feelings, explore themselves and their relationships, and attempt to understand their experiences. Children may be able to transfer their anxieties, fears, and guilt through toys rather than adults. Through play therapy, children may be able to increase their feelings of self-worth and self-acceptance with the help of a caring relationship with an adult. Children are encouraged to understand their play as a way to express, explore, and work through conflicts and issues. Play therapy also promotes the exploration of feelings and behaviors associated with past events and issues outside of the playroom.

Our Programs

AZAPT prides itself in offering educational opportunities to our members and to professionals in the community. Our programs and services include:

- Quarterly Education Series Trainings, to provide continuing education opportunities
- Quarterly Networking Opportunities, to connect play therapists and the community
- Annual State Conference, to provide education and information from nationally recognized experts
- Volunteer Opportunities, to engage our members in AZAPT and the community
- Monthly Newsletter or News Bulletin, to share information on play therapy and our members
- Annual Membership Survey, to understand the needs of our members
- Scholarship Opportunities, to provide educational assistance to our members
- Distinguished Service Award & Volunteer of the Year Award, to recognize and honor our members
- Community Resources, to increase awareness and engage the community
- Past Presidents Advisory Council, to seek counsel on the future direction of the association
- Develop leadership within AZAPT, to cultivate the leaders of tomorrow

Annual Partnership Opportunities: (Please circle one)

Partner Investment Levels and Benefits	Strategic Partner \$2,500	Sustaining Partner \$1,500	Supportive Partner \$750
Complimentary registration(s) for each Ed Series training (quarterly)	2	2	1
Company recognition at each Ed Series training (verbal)	X	X	X
Complimentary registration(s) for the Annual Conference	4	2	1
Company recognition at Annual Conference (verbal & PowerPoint projection)	X	X	X
Ability to provide fliers or promotional items for placement at Annual Conference (<i>items provided by Partner</i>)	X		
Your company logo in quarterly newsletter & website link on AZAPT website	X	X	
Promotion of your company events through social media channels, including calendar listing on AZAPT website	3	2	1

Other Opportunities

AZAPT Networking Events Sponsorship

Any company wishing to support the quarterly networking events may contribute \$950 annually and receive Supportive Partner level benefits as well as recognition at each of the networking events, including logo display on the website and a display table at each event.

PAYMENT INFORMATION

Amount enclosed \$ _____ Check # _____ Credit Card Type: MC VISA AMEX

Credit Card # _____ Exp _____

Name on Card: _____ Security Code: _____

Signature: _____

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