Associate Organization Application

Associate Organization Application

Step 1 of 5

Associate Organization Application

Thank you for applying to become an Associate Organization of ISMETA! We are a global collaborative of individuals and organizations advancing the profession of Somatic Movement Education and Therapy. As a professional association, we support high standards of practice and maintain a registry of qualified practitioners.

The Associate Organization membership category is open to any somatically-oriented organization wishing to be a part of ISMETA and connect to the worldwide Somatic Movement community. Training Programs that have less than 250 curricular hours are well served in this membership category, as are regional societies of other larger international membership organizations.

Benefits include:

- A profile page featuring your organization on the ISMETA website
- Ability to post in the worldwide somatic movement calendar
- Invitation to ISMETA membership meetings, webinars, and additional opportunities to network
- Participation in professional community-building events such as member-only Somatic Cafes
- Access to the ISMETA Research Database and other member-only resources

To complete this application, you'll need:

- A brief overview of your organization
- To arrange payment of your $35 application fee with info@ismeta.org

Your application will be reviewed by our Professional Standards Committee. Please note that this review process typically takes between two to three months. If the committee requires any additional information or documentation from you during this time, we will contact you directly.

If you are accepted, your yearly $125 fee will be collected at that time.

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Associate Organization Application

Associate Organization Application

Step 2 of 5

Organization Name (Required)

Contact Name/Person Completing This Application (Required)

Relationship to the Organization (Required)

Address (Required)

Phone (Required)

Website (Required)

Email (Required)

Are you an individual ISMETA Member? (Individual membership is not required to become an Associate Organization.) (Required)

- [ ] Yes
- [ ] No

Have you ever had a professional grievance filed against you? (Required)

- [ ] Yes
- [ ] No

Has your membership in any professional organization been revoked? (Required)

- [ ] Yes
- [ ] No

Previous Next Save & Continue Later

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Associate Organization Application

Associate Organization Application

Step 3 of 5

PROGRAM OVERVIEW

Please provide a brief description of your organization, highlighting elements that are directly related to Somatic Movement Education and Therapy. Also, please include your mission and vision statements in this overview. (Required)

0 of 1800 max characters

What year was this organization founded? (Required)

Are your members or other administrators of your organization ISMETA Professional Members? (Required)

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Associate Organization Application

Associate Organization Application

Step 4 of 5

POLICIES AND STANDARDS

We ask that ISMETA Associate Organizations are familiar with the Pillars of the Profession; Scope of Practice, Core Competencies, Standards of Practice, and Code of Ethics. Please review these policies and standards from the viewpoint of your organization and attest to your alignment and intended compliance with them.

Please also read the Logo Usage Agreement below.

Please note: If accepted, you will have access to the Logo Page to download the appropriate Logo.

Pillars of the Profession (Required)

☐ We have read and agree to comply.

Logo Usage Agreement:

We request that all Associate Organizations use the ISMETA Logos, Link to the ISMETA website, LinkedIn and Facebook. The ISMETA Logo can be used in print or in digital applications. We ask that when using the logos, you hyperlink to the ISMETA homepage www.ISMETA.org. Please note these Logos are dated and will need to be updated yearly on your materials.

Logo Usage Agreement: (Required)

☐ We have read and agree to comply.

FINANCIAL REQUIREMENTS

Each association applying for ISMETA Associate Organization Membership agrees to pay a $35 application fee. Please note the review process only begins once payment and your completed application are received and may take up to two months to complete.

If you are accepted, your Associate Organization fee of $125 will be collected at that time. Renewal notices are sent by email one month before your membership is due to expire. Associate Organization fees are due once a year. Please make sure to complete your renewal before your membership lapses.

Consent (Required)

☐ We have read the text above and agree to pay the $35 application fee now.

Previous Next Save & Continue Later

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Associate Organization Application

Associate Organization Application

Step 5 of 5

Did you use Artificial Intelligence (AI) to fill out this application? (Required)

- [ ] Yes
- [ ] No

Thank you for completing the ISMETA Associate Organization Application. Once your application is complete, we will begin the review process. Our goal is to complete the review within two months. As part of the review, we may request the following:

• a Zoom or phone call to clarify any questions the committee may have about your application

• video or written samples of your work

Signature

Date (Required)

MM DD YYYY

Previous Submit Save & Continue Later

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