

# AMTA 2012 MEMBERSHIP



Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Foreign Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Work phone ( ) \_\_\_\_\_

Mobile phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Email: \_\_\_\_\_

## METHOD OF PAYMENT:

Check     MasterCard     VISA     Money Order

*I authorize payment of the designated amount:*

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEMBERSHIP CATEGORY:

- Professional ..... \$235.00
- Associate ..... \$235.00
- Student\* ..... \$80.00
- Graduate Student\* ..... \$80.00
- Retired ..... \$125.00
- Affiliate ..... \$350.00
- Patron ..... \$650.00

*\*Please provide proof of full-time student status either by including a copy of your current enrollment or an advisor's signature below:*

School or Clinical Training Site \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

AMTA DONATION: \_\_\_\_\_

TOTAL PAYMENT: \_\_\_\_\_

New Member

Returning Member

*(The membership year begins January 1 and ends December 31. General membership dues include \$95 for a 1-year subscription to the Journal of Music Therapy. Student membership includes \$45 for a 1-year subscription to the Journal of Music Therapy.)*

Occasionally, we make members' addresses available for mailings advertising products, services and educational opportunities relevant to the profession. If you would NOT like to be included, please check this box.