

AMTA 2015 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 \$250.00
- Associate \$250.00
- Student* \$95.00
- Graduate Student* \$95.00
- 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 1-year subscriptions to the Journal of Music Therapy (list \$290) and Music Therapy Perspectives (list \$276).

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.

DONATION TO AMTA



In 1950, E. Thayer Gaston and a small group of professionals formed a new profession, dedicated to using music to meet the physical, emotional, cognitive, and social needs of persons with disabilities or illnesses and to improve the quality of life of individuals of all ages. The American Music Therapy Association is committed to further those goals as we move into the future. Help support AMTA's mission: *to advance public awareness of the benefits of music therapy and to increase access to quality music therapy services in a rapidly changing world with your donation.*

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 _____

DONATION AMOUNT:

- \$100.00 \$75.00 \$50.00
- \$25.00 Other: \$ _____

DONATION FOR:

- AMTA General Fund Disaster Response Fund
- Research Fund Other: _____

TOTAL DONATION: \$ _____

AMTA is a 501(c)(3) organization and is registered as a charitable organization in the state of Maryland. Contributions are tax-deductible as allowed by law.