AMTA 2024 Membership Application

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Personal Information	
First Name	Primary Address: (include street address,
Middle Name/Initial	city, state, zip/postal code, and country)
Last Name	
Primary Email Address:	
Home Phone	Work Phone
Mobile Phone	Fax
Membership Category	
Professional Membership Tier 1 \$150.00	
Professional Membership Tier 2 \$200.00	
Professional Membership Tier 3 \$250.00	
Associate Membership \$250.00	
Student Membership \$60.00	
Graduate Student Membership \$60.00	
Retired Membership \$100.00	
Affiliate Membership (organizations only) \$350.00	
Patron Membership (organizations only) \$650.00	
Optional Donation to AMTA	
Amount: \$	
AMTA General Fund Research Fund Disaster Response Fund Other:	
Total Payment to AMTA (add membership + donation amounts) Amount: \$	
Method of Payment Check MasterCard VISA Discover Money Order	
Credit Card #:	
Expiration Date:	CVV:
Signature:	Date:

My signature above affirms that I authorize payment in the designated amount.

Occasionally, we make members' addresses available for advertising products, services, and educational opportunities relevant to the profession. We also make members' email addresses available to those conducting research in music therapy. If you would NOT like to be included, please check this box. Membership year is January 1-December 31. Dues include 1-year subscriptions to the *Journal of Music Therapy* (list \$290) and *Music Therapy Perspectives* (list \$276). AMTA is a 501(c)3 organization and registered as a charitable organization in the state of Maryland. Contributions are tax-deductible as allowed by law.