AMTA 2024 Membership Application

Personal Information

First Name
Middle Name/Initial
Last Name
Primary Email Address:
Home Phone
Mobile Phone

Primary Address:
(include street address, city, state, zip/postal code, and country)

Work 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.