



**Music Therapy
Association
of Minnesota**

membership

Name _____ Credentials _____ CBMT # _____

Home Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

**please note - we will begin using email as a primary means of contacting and informing you of upcoming events, conference registrations, etc. please make sure this is clearly written to avoid confusion.*

Please check if you want to receive paper communication. Otherwise it will be sent electronically.

Work/ School Address _____ City _____ Zip _____

Work/ School Phone _____ Fax _____

Work Email Address _____

Populations Served: please choose **the** category in which you work the most;
there are examples to what falls within each category and if your specific population is not listed please check the category it would fit into and write in after category name

- | | |
|--|---|
| <input type="checkbox"/> Geriatrics (long term care, elderly, gerontology) | <input type="checkbox"/> Mental Health (adult or adolescent, day treatment) |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Neurological Impairments (TBI, stroke, Parkinson's) | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Dementia (Alzheimer's) | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Early Childhood | |
| <input type="checkbox"/> Chemical Health | |
| <input type="checkbox"/> School Aged (special ed) | |

For students:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Augsburg | Expected date of graduation _____ |
| <input type="checkbox"/> University of Minnesota | Expected date of graduation _____ |
| <input type="checkbox"/> Visitor _____ | |

Choose one:

- Professional Member - \$25.00 per calendar year
- Associate Member - \$25.00 per calendar year Occupation _____
- Student Member - \$12.00 per calendar year
 - Membership runs from January 1 – December 31 including electronic MTAM newsletter, conference invitations, membership directory, and communication to keep you abreast of important information. Also included are networking groups per population and reduced prices at conferences.

Send a check payable to MTAM along with this form to: Veronica Jacobson
565 Sandhurst Dr W # 110
Roseville, MN 55113

Thank you for joining MTAM for 2010!