*Please fill this form completely and mail, email, or fax to AMTA.*

AMTA Label/List Request Form

1. **Bill to:** *(for regions, your regional treasurer)*

Click or tap here to enter text.

1. **Ship / Email to:**

Click or tap here to enter text.

1. **Purpose of your mailing:** *(include sample of mailing; research requests also include cover letter/email and IRB approval)***:**

Click or tap here to enter text.

1. **Format:** [ ] Mailing (postal) addresses in electronic file

[ ] Email addresses in electronic file (*available* *for AMTA official business & research requests only)*

1. **Search Criteria for Records Requested:**

***Region/Area:*** [ ] Entire US (no international) [ ] Entire US & International

 [ ] Great Lakes [ ] Mid-Atlantic [ ] Midwestern [ ] New England

 [ ] Southeastern [ ] Southwestern [ ] Western [ ] AMTAS

Only these states: Click or tap here to enter text. Other: Click or tap here to enter text.

***Current Member Type(s):***  [ ] All current AMTA Members

Or: [ ] Professional [ ] Associate [ ] Student [ ] Grad Student [ ] Honorary Life [ ] Retired

 [ ] Members with MT-BC

**Narrow Search Criteria Further By:**

*Work Setting Indicated in AMTA Member Record*

[ ] Adult Day Care [ ] Adult Education [ ] Child/Adolescent Treatment Center [ ] Children's Day Care/Preschool [ ] Children's Hospital or Unit [ ] Community Based Service [ ] Community Mental Health Center [ ] Correctional Facility [ ] Day Care/Treatment Center [ ] Drug/Alcohol Program [ ] Early Intervention Program [ ] Forensic Facility [ ] General Hospital [ ] Geriatric Facility - not nursing [ ] Geriatric Psychiatric Unit [ ] Group Home [ ] Home Health Agency [ ] Hospice/Bereavement Services [ ] Intermediate Care Facility (DD) [ ] Inpatient Psychiatric Unit [ ] Labor/Delivery [ ] Military Base [ ] Music Retailer [ ] Music Therapy Business Owner [ ] Nursing Home/Assisted Living [ ] Oncology [ ] Outpatient Clinic [ ] Partial Hospitalization [ ] Physical Rehabilitation [ ] Private Music Therapy Agency [ ] School (K-12) [ ] Self Employed/Private Practice [ ] State Institution [ ] Support Groups [ ] University/College [ ] Veterans Affairs [ ] Wellness Program/Center

*Population Indicated in AMTA Member Record*

[ ] Abused/Sexually Abused [ ] AIDS [ ] Alzheimer's/Dementia [ ] Autism Spectrum [ ] Behavioral Disorder [ ] Bereavement/Grief [ ] Cancer [ ] Chronic Pain [ ] Comatose [ ] Developmentally Disabled [ ] Dual Diagnosed [ ] Early Childhood [ ] Eating Disorders [ ] Elderly Persons [ ] Emotionally Disturbed [ ] Forensic [ ] Head Injured [ ] Hearing Impaired [ ] Hospice/Palliative Care [ ] Labor/Delivery [ ] Learning Disabled [ ] Medical/Surgical [ ] Mental Health [ ] Multiply Disabled [ ] Music Therapy College Students [ ] Music Education College Students [ ] Neurologically Impaired [ ] Non-disabled [ ] Parkinsons [ ] Physically Disabled [ ] Post Traumatic Stress Disorder [ ] Rett Syndrome [ ] School Age Population [ ] Speech Impaired [ ] Stroke [ ] Substance Abuse [ ] Terminally Ill [ ] Visually Impaired

1. **Sorted by**: [ ] Last name, First *(default)* [ ] Zip, Last name [ ] City, State [ ] Other Click or tap here to enter text.
2. **Date needed:**Click or tap to enter a date.
3. **Signature:** Click or tap here to enter text.
4. **Date signed:** Click or tap to enter a date.

*By signing above, I affirm that I have reviewed and agree to the Label/List Policy. I agree to use these labels once only. I know that there is a per record cost for the records I am requesting using this form. I am aware I will be invoiced for this cost and I agree to pay this invoice.*

**AMTA LABEL/LIST POLICY**

*Effective May 1, 2020*

AMTA provides list rentals as a service to members. Labels/lists must be used for mailings that are consistent with the mission of AMTA: *to increase public awareness of the benefits of Music Therapy and access to quality Music Therapy services*. We respect the privacy of our members and do not include information when a member has requested exclusion from 3rd party mailings.

**Request using “AMTA Label/List Request Form”:** You must request labels/lists using the Request Form in this document. The request must include a sample/copy of what is to be mailed and is subject to AMTA approval. AMTA reserves the right to refuse any request not consistent with our mission at any time. Your submission and signature on the label request form to AMTA affirms your binding agreement to pay for records you receive. You will receive an invoice for the cost. Please do not send in the form multiple times or for price quotes if you are uncertain whether you wish to purchase. For electronic list purchases, no shipping fee is charged if the list can be sent electronically.

 **Pricing: *Price Minimum $***

 AMTA Regions $ .10 $ 10.00

 Current AMTA Members $ .15 $ 15.00

 Non-Members $ .25 $ 25.00

## Email Addresses: Email addresses are not provided except for regional use and research study requests.

## Email Addresses for Regional Requests: Regions receive quarterly lists of members which include postal and mailing addresses. These quarterly lists are sent without cost. If an additional list is needed outside of these quarterly reports, regions will be charged the regional fee.

## Email Addresses for Research Requests: Email addresses can be made available to those conducting research in music therapy. For this service, you will be charged the appropriate per-record fee. Requests must be pre-approved by the AMTA National Office – this process requires up to 2 weeks, so please plan ahead. Rush orders are not accepted. Please submit all the following documents together with your request form:

## Completed AMTA Mailing Label/List Request Form

## A sample of the survey or mailing

## Cover letter or email

## Approval letter from the appropriate Institutional Review Board (IRB) indicating the study has been approved. (In the event that an IRB approval letter is not possible, please provide a written explanation.)

## Carefully consider the types of member categories you wish to request. An entire membership list of all member categories will be more expensive and you may not want to include some member types (for example, if your purpose is to survey professional music therapists, you would not want to include student members and you may want to restrict the search to members with MT-BC only). Remember that Honorary Life, Retired, and Grad Student members may also be professional music therapists. While you have the option to restrict your search to those working in a specific setting or population, this can result in small query numbers. When sending your email, you must include email addresses in a BCC or blind copy field to protect the privacy of those you are contacting. Once your research is complete, place send a copy of the final results to the AMTA National Office.

## Processing Time: We process requests in the order they are received. A $10 rush fee will be added to your invoice if your labels are needed sooner than 2 weeks from the date your request is received. We cannot process orders in fewer than 5 working days.

**What You’ll Get:** The list you receive will contain current AMTA members based on your search criteria **on the day the list is queried.** Members join and change information daily so the list composition will also change. It is advisable to order labels somewhat near your expected mailing date in order to get the most complete list. For questions or to get an approximate number of labels before submitting a request form, please call the AMTA office.

**Terms of Use:** You may use the labels/list **one time only** for the requested use. You may not import any information provided into address books, contact lists, or other data-gathering applications.

**Format:** Labels are provided as electronic lists. You will receive information in a Microsoft Excel file (.xls or .csv) which can be opened in most word processing or spreadsheet programs. You are responsible for formatting data appropriate to your specific situation and/or appending records with special identifiers.

**AMTA reserves the right to refuse any request at any time. Please contact us with any questions or to obtain additional request forms at** **info@musictherapy.org****, www.musictherapy.org, or at (301) 589-3300.**

**Frequently Asked Questions about AMTA Mailing Labels/Lists**

If you have not ordered labels/lists before, please take a moment to familiarize yourself with some common questions below. If you have questions not answered here, please contact the national office before you submit your request form. To help you determine how to fill out your form, here are some things to remember about mailing lists.

**How does AMTA receive addresses?** Members provide their own contact information and can update it online at any time. We make every effort to update and correct addresses where possible, but addresses are provided as supplied by the individuals. We are not responsible for bouncebacks or returned mail. If you notice an incorrect mailing address, please encourage that person to contact the AMTA national office to update their information. Only the member may make changes to their own personal contact information.

**Which names are included?** Current AMTA Members are those people who have paid for membership in the calendar year. Those who have not yet paid for membership in a given year will not be included in a current member list. We make every effort to respect the privacy wishes of our members and allow opt-out from inclusion in 3rd party mailing lists – these records will not be included. We attempt to exclude addresses which we know to be undeliverable (as determined by mailings returned to AMTA by the US Post Office). If you have specific needs not on the request form, please call the national office before ordering to determine whether we can accommodate your need.

**Members vs. Non-members:** We only provide current AMTA members.

**In what order should my labels be?** The order of your labels may be important to lower cost of your mailing. You may want to contact your mail house to ask for their suggestion before filling out the request form or you can simply make that change yourself in your electronic list.

**Email addresses are provided only for official AMTA business, research purposes and occasional pre-arranged special offers.** As with any request, email addresses are available for one-time use only and may not be imported into address books or otherwise collected. A complete copy of what will be emailed must be provided with the request form and pre-approved. Please allow time for the approval process as edits may be requested by AMTA before approval is granted. Email addresses are also user-provided and we have no control over incorrect addresses and bouncebacks.

**How are addresses updated?** AMTA members may update their own information at any time. When we are informed of a change in contact info (through mail, email, fax, or a phone call) we update our records within 7 business days. We also receive address correction materials from the US Post Office. This process takes considerable time and information is not always current. Please encourage members and non-members in your region to take a moment and update their contact info on the AMTA website so their mailings will be received.

**How long are lists current?** Address changes, as well as membership dues, are received daily and can change the composition of lists. Members may join at any time during the year and the composition of the lists change daily. Therefore, any request is only as current as the day it is processed. Please keep this in mind when ordering labels. It is often useful to request a list as close to your mailing date as the approval process allows.

**How long does it take to process labels?** Priority is given to AMTA Region label requests. Other requests are filled in the order they are received. Please allow for at least 2 weeks’ processing time. Orders required in less than 2 weeks will be charged a rush fee and filled as time allows but often cannot be filled in fewer than 5 working days.

**Usage Agreement:** You may use the labels/lists one time and for the requested use only. This enables us to provide the most accurate list each time. You may not import any information provided into address books, contact lists or other data gathering applications. **For email mailings, include everything in a BCC or blind copy field.** AMTA reserves the right to refuse any request at any time. If you have questions, please do not hesitate to call the national office at (301) 589-3300.