



Personal Information			_		
First Name			Primary Address:		
Middle Name/Initial			(include street address, city, state, zip/postal code, and country)		
Last Name					
Primary Email Address:					
Home Phone			Work Phone		
Mobile Phone			Fax		
Membership Category					
Professional Membership		\$250.00			
Associate Membership		\$250.00			
Student Membership		\$95.00			
Graduate Student Membership		\$95.00			
Retired Membership		\$125.00			
Affiliate Membership (organizations only)		\$350.00			
Patron Membership (organizations only)		\$650.00			
Optional Donation to AMTA Amount: \$					
AMTA General Fund					
Total Payment to AMTA (add membership + donation amounts)					
Amount: \$					
<u> </u>			4		
Method of Payment	-			_	1
Check	MasterCard	VISA	Discover		Money Order
Credit Card #:					
Expiration Date:			C	VV:	
Signature:			D	ate:	
My signature above affirms that I authorize payment in the designated amount. AMTA membership includes an online subscription to the Journal of Music Therapy and Music Therapy Perspectives. If you require print copies of these					
journals, please opt-in to print by checking this box. 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 <i>Journal of Music Therapy</i> (list \$290) and <i>Music Therapy Perspectives</i> (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.					