

AMTA 2025 Membership Application



| Personal Information | | 1 | |
|---|----------|--|-------------|
| First Name | | Primary Address: (include street address, | |
| Middle Name/Initial | | city, state, zip/postal code, and country) | |
| Last Name | | | |
| Primary Email Address: | | 1 | |
| 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: | | C\ | /V: |
| Signature: | | Da | ite: |

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.