



2016 Membership Registration

♪ Thank you for joining the New Jersey Association for Music Therapy!

We are here to help you in many ways as we grow, learn and share with you in this dynamic, thriving field.

Please check one:

I am a new NJAMT member
Please fill out form below

I am a returning NJAMT member
*Please note any changes from last year;
otherwise only fill in the asterisked items.*

****Please print all information exactly as you would like it to appear in the member directory located in the confidential members only section of www.njmusictherapy.org ****

Please do not include me in the directory Check here if you would like our newsletter sent to you via paper mail instead of email.

*Name _____ *Credentials _____

Street Address _____ City _____

State _____ Zip Code _____ Email Address _____

*County _____ Home Phone (_____) _____ Work Phone (_____) _____

*Legislative district code, found at <http://www.njleg.state.nj.us/districts/municipalities.asp> (copy/paste into your browser): At home: _____ At work: _____

Workplace and address: _____

Population and ages served _____

*Are you accepting private practice referrals? Yes No

*Type of Membership (Please check one):

- | | |
|---|--|
| <input type="checkbox"/> Active (\$25 or \$20 if received by 3/31/16) | <input type="checkbox"/> Couples (\$35 or \$30 if received by 3/31/16) |
| <input type="checkbox"/> Student (\$5) | <input type="checkbox"/> Retired (\$10) |
| <input type="checkbox"/> Associate/Friend of Music Therapy (\$15) | <input type="checkbox"/> Affiliate Organization (\$30) |

*How can NJAMT support you?

Referrals, CMTE opportunities, volunteer opportunities, mentorship/supervision, etc

* I am interested in supporting NJAMT in the following ways

- | | | |
|--|---|--|
| <input type="checkbox"/> Short-term projects | <input type="checkbox"/> Task Force | <input type="checkbox"/> County Leadership |
| <input type="checkbox"/> Music Therapy Day | <input type="checkbox"/> Public Relations speaker | <input type="checkbox"/> Library projects |

Please list any other professional organizations to which you belong:

Please send this completed form and check payable to NJAMT, to: NJAMT c/o Angela Guerriero 15 Faber Place, Nutley, NJ 07110 0