



New Jersey Association for Music Therapy 2020 Membership Form

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 NOTE: The NJAMT membership year is January 1st to December 31st. See type of Membership for dues fees. OF SPECIAL NOTE: NJAMT welcomes members at any time; but in order for professionals to participate in the annual NJAMT workshop for FREE, you must join by March 15th.

* Required

Email address * _____

Last Name * _____ First Name * _____

Credential(s) * MT-BC RMT CMT ACMT Other: _____

Address (Line 1 - Street) * _____

Address (Line 2 - Street) _____

Town/City * _____ State * NJ PA NY Other: _____

Zip Code * _____

County * _____

Phone number (preferred) * _____

Phone number (work) _____

As a networking organization NJAMT would like to share your contact information with other NJAMT members. Please indicate your preference. *

I Agree to Share I Do Not Want to Share

Type of Membership *

Active - \$25 (\$20 if received by 1/31/20)

Couples - \$35 (\$30 if received by 1/31/20)

Student - \$5

Retired - \$10

Associate/Friend of Music Therapy - \$15

Affiliate Organization - \$30

Student Members - School where you are studying music therapy

Student Members - Are you a(n) undergraduate, graduate, or doctoral level student?

Student Members - Anticipated graduation date

Name of Primary Workplace/Business/Private Practice (or write: Student/Associate Member) *

Workplace Address (Line 1) _____



Workplace Address (Line 2) _____

Workplace (Town/City) _____ Workplace (State) _____

Workplace (Zip Code) _____

Setting(s) Served (Check all that apply) *

<input type="checkbox"/> Currently a Student or Associate member	<input type="checkbox"/> Intermediate Care Facility (ICF/DD)
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Inpatient Psychiatric Unit
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Labor/Delivery
<input type="checkbox"/> Child/Adolescent Treatment Center	<input type="checkbox"/> Military Base
<input type="checkbox"/> Children's Day Care/Preschool	<input type="checkbox"/> Music Retailer
<input type="checkbox"/> Children's Hospital or Unit	<input type="checkbox"/> Music Therapy Business Owner
<input type="checkbox"/> Community Based Service	<input type="checkbox"/> Oncology
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> Outpatient Clinic
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Partial Hospitalization
<input type="checkbox"/> Day Care/Treatment Center	<input type="checkbox"/> Physical Rehabilitation
<input type="checkbox"/> Drug/Alcohol Program	<input type="checkbox"/> Private Music Therapy Agency
<input type="checkbox"/> Early Intervention Program	<input type="checkbox"/> School (K-12)
<input type="checkbox"/> Forensic Facility	<input type="checkbox"/> Self-Employed/Private Practice
<input type="checkbox"/> General Hospital	<input type="checkbox"/> State Institution
<input type="checkbox"/> Geriatric Facility - Not Nursing	<input type="checkbox"/> Support Groups
<input type="checkbox"/> Geriatric Psychiatric Unit	<input type="checkbox"/> University/College
<input type="checkbox"/> Group Home	<input type="checkbox"/> Veteran's Affairs
<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Wellness Program/Center
<input type="checkbox"/> Hospice/Bereavement Services	<input type="checkbox"/> Other: _____

Population(s) served (please check all that apply) *

<input type="checkbox"/> Currently a Student or Associate member	<input type="checkbox"/> Hospice/Palliative Care
<input type="checkbox"/> Abused/Sexually Abused	<input type="checkbox"/> Labor/Delivery
<input type="checkbox"/> AIDS	<input type="checkbox"/> Learning Disabled
<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> Medical Surgical
<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> Multiply Disabled
<input type="checkbox"/> Bereavement/Grief	<input type="checkbox"/> Music Therapy College Students
<input type="checkbox"/> Cancer	<input type="checkbox"/> Music Education College Students
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Neurologically Impaired
<input type="checkbox"/> Comatose	<input type="checkbox"/> Non-disabled
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Parkinson's
	<input type="checkbox"/> Physically Disabled



<input type="checkbox"/> Dual Diagnosed (Mentally Ill/Chemically Addicted) <input type="checkbox"/> Dual Diagnosed (IDD/Mentally Ill) <input type="checkbox"/> Early Childhood <input type="checkbox"/> Eating Disordered <input type="checkbox"/> Elderly Persons <input type="checkbox"/> Emotionally Disturbed <input type="checkbox"/> Forensic <input type="checkbox"/> Head Injured <input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Post Traumatic Stress Disorder <input type="checkbox"/> Rett's Syndrome <input type="checkbox"/> School Age Population <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Stroke <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Terminally Ill <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Other: _____
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Primary age groups served

- Infants (0 to 3 years) Children (4 to 12 years)
 Adolescents/Young Adults (13 to 25 years)
 Adults (26 to 65 years) Older Adults (66+ years)

Are you accepting private practice referrals

- Yes No Other: _____

For those accepting private clients - Counties where you primarily provide services (please check all that apply)

- Atlantic Bergen Burlington Camden Cape May Cumberland Essex
 Gloucester Hudson Hunterdon Mercer Middlesex Monmouth
 Morris Ocean Passaic Salem Somerset Sussex Union Warren

Legislative District - Home (Find your district information

here: <http://www.njleg.state.nj.us/districts/municipalities.asp> *)

- I am not a New Jersey resident District _____

Legislative District of your primary work address *

- I do not work in New Jersey District _____

How can NJAMT best support you?

- Continuing education opportunities
 Private practice referrals
 Mentorship (for music therapists who are within two years of having graduated)
 Information about employment opportunities
 Information about licensure/government relations
 Other: _____



I am interested in supporting NJAMT in the following ways:

- Short-term projects
- Music therapy advocacy days
- Serving on a committee
- Public relations speaker
- Hosting workshops
- Hosting an NJAMT gathering
- Helping with social media
- Other: _____

Please tell us how you prefer to receive information about NJAMT news, continuing education opportunities, events, employment information, social gatherings, etc.

- NJAMT Facebook page
- NJAMT Twitter account
- NJAMT Yahoo group
- Message to your preferred email address
- Phone calls/text to your preferred phone number
- Snail mail to your home address
- Please don't send me any information
- Other: _____

Please list any other professional organizations to which you belong.

Mail completed form and check payable to "NJAMT"

to: Rachel Kohn, MT-BC
4115 Hoover Lane
Wharton, NJ 07885