

Date received: \_\_\_\_\_ Cash/Check#: \_\_\_\_\_ Amount received: \_\_\_\_\_

## Michigan Music Therapists MEMBERSHIP FORM 2013

Please Check:

<input type="checkbox"/>	Professional \$25	<input type="checkbox"/>	Retired Professional \$20	<input type="checkbox"/>	New Professional \$20
<input type="checkbox"/>	Associate \$25	<input type="checkbox"/>	Patron (donation) \$75	<input type="checkbox"/>	New Professional to MI \$20
<input type="checkbox"/>	Student/Intern EMU \$10	<input type="checkbox"/>	Student/Intern WMU \$10	<input type="checkbox"/>	Student/Intern MSU \$10

Total from above (\$10, \$20, \$25, \$75): \_\_\_\_\_

Memorial Scholarship Donation (\$5, \$10, \$25): \_\_\_\_\_

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

Please make your check payable to: MICHIGAN MUSIC THERAPISTS

Send completed form and payment to: Diane Bauman, c/o Franciscan Life Process Center, 11650 Downes St NE, Lowell, MI 49331

If you are unsure if you have paid your 2013 membership, please contact Diane at [dbauman@lifeprocesscenter.org](mailto:dbauman@lifeprocesscenter.org)

Membership runs from January 1<sup>st</sup> – December 31<sup>st</sup>. It includes an electronic MMT newsletter, spring and fall conference invitations, reduced prices at conferences, membership directory, exclusive access (coming soon) to the MMT website ([www.mmtonline.org](http://www.mmtonline.org)), information on state and local issues relating to music therapy, and networking opportunities.

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The information included on this form will be posted in the 2013 Membership Directory and possibly later in a members only section of the MMT website.

Please do not include information that you do not want made public.

**Personal Directory Information:**

Name: \_\_\_\_\_ Professional Credentials: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Employment Information:**

Name of Facility/Business: \_\_\_\_\_

Employment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Email: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Client Population(s) Served: \_\_\_\_\_

\_\_\_\_\_ Please check here if you would like your facility/business to be listed on the MMT Website's referral list.

\_\_\_\_\_ Please check here if you give permission for MMT to post the above information in a Membership Directory that may also be added under a members only section of the website.

MMT is always looking for people interested in assisting committee chairs and various short-term projects. Check the area in which you would have the greatest interest. MMT would greatly benefit from your talents!

<input type="checkbox"/>	Government Relations	<input type="checkbox"/>	Continuing Education	<input type="checkbox"/>	Membership	<input type="checkbox"/>	To be a MT Mentor
<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	Clinical Practices	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	To be mentored by a MT
<input type="checkbox"/>		<input type="checkbox"/>	MMT Conference Presenter	<input type="checkbox"/>	Student Representatives	<input type="checkbox"/>	Not interested at this time

**THANK YOU FOR JOINING MICHIGAN MUSIC THERAPISTS FOR 2013!!!**