Association for Indiana Music Therapy, Inc.

2011 Professional Membership Application

Directory Information

Name: _____
Last First Maiden (if applicable) Credentials

Home Address: _____

City, State, Zip Code: _____

E-mail address: _____ Phone: _____

Employment Information

Place of Employment: _____

Job Title: _____ Population Served: _____

Work Address: _____

City, State, Zip code: _____

E-mail: _____Work Phone: _____

Additional Information

I would like to receive the newsletter via e-mail/website: Yes _____ No, please mail_____

Please send correspondence to: Home _____ Work_____

Would you be interested in assisting with practicum or shadowing experiences for students? Yes No

Are you interested in being listed on the Speaker's Bureau on the website? Yes No

If yes, what areas would you like to be listed for?

_____

Please recommend topics and ideas for future state meetings (include specific presenter/information):

_____

_____

Check dues enclosed:

	Professional $15.00		Associate $10.00		Donation
	Retired $5.00		Affiliate $15.00		

Send payment and application to: (checks to Association for Indiana Music Therapy) by 10/31/10

Association for Indiana Music Therapy, Inc
C/O Stephanie Harris, MA, MT-BC
501 Chester St., Valparaiso, IN 46383

STUDENT APPLICATION ON REVERSE

Membership/Treasurer Only:

Date Received_____ Membership Year 20___ Membership Type_____

Check # _____ Cash_____ Amount Received_____ Entered in Directory _____Notified_____

Association for Indiana Music Therapy
2011 Student Membership Application

Name: _____
Last First

Permanent
Address: _____

City, State, Zip Code: _____

E-mail address: _____Phone: _____

School
Address: _____

City, State, Zip Code: _____

E-mail address: _____Phone: _____

Currently Attending:

	IPFW		IUPUI		Intern
	SMWC		Evansville		Other

Expected Graduation Date: _____

Please list internship site (as applicable): _____

I would like to receive the newsletter via e-mail/website: Yes _____ No, please mail_____

Please send correspondence to: Permanent _____ School_____

Please recommend topics and ideas for future state meetings (include specific presenter/information):
_____
_____

Check dues enclosed:

	Student $3.00

Send payment and application to: (checks to Association for Indiana Music Therapy) by 10/31/10
Association for Indiana Music Therapy, Inc
C/O Stephanie Harris, MA, MT-BC
501 Chester St., Valparaiso, IN 46383

PROFESSIONAL APPLICATION ON REVERSE

Membership/Treasurer Only:
Date Received_____ Membership Year 20___ Membership Type_____

Check # _____ Cash_____ Amount Received_____ Entered in Directory _____ Notified_____