

Date received: _____ Cash/Check #: _____ Amount received: _____



Membership Form

Check one:

<input type="checkbox"/> Professional \$25.00	<input type="checkbox"/> Retired Professional \$10.00	<input type="checkbox"/> New Professional \$ Free
<input type="checkbox"/> Associate \$25.00	<input type="checkbox"/> Affiliate Organization \$30.00	<input type="checkbox"/> Professional new to Wisconsin \$ Free
<input type="checkbox"/> Student/Intern \$10.00	<input type="checkbox"/> Alverno College	<input type="checkbox"/> UW-Eau Claire

The information included on this form will be posted on the members only (password required) section of the WCMT website. **Please do not include information that you do not want posted.**

Name: _____ Professional Credentials: _____

Email address _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Employment Name _____

Employment Address _____ City _____ State _____ Zip _____

Facility Phone (____) _____ - _____ Facility Fax (____) _____ - _____

Website _____

Any contact information changes from last year? _____

Yes

"I hereby give permission for WCMT to post the above information in a PDF Membership Directory in the member's only section of the WCMT website."	
Would you like your name, city and e-mail address listed for the general public under the "Find a Therapist" link on the WCMT website? www.musictherapywisconsin.org	

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

<input type="checkbox"/> Government Relations	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Membership	<input type="checkbox"/> I would like to be mentored.
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Clinical Practices	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Archives	<input type="checkbox"/> I would like to serve as a mentor.

Make check payable to: **Wisconsin Chapter for Music Therapy**

Send completed form and payment to:

Tamra Fricke, 224 Ridgeview Drive, Burlington, WI 53105

DETACH FOR YOUR RECORDS

WCMT DUES

Date sent _____ Check # _____ Amount \$ _____