

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



## Membership Form

**Check one:**

	Professional \$25.00		Retired Professional \$10.00		New Professional \$2 <sup>nd</sup> Year Free
	Associate \$25.00		Affiliate Organization \$30.00		Professional new to Wisconsin \$2 <sup>nd</sup> Year Free
	<i>Student/Intern \$10.00</i>		<i>Alverno College</i>		<i>Carroll University</i>

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

<b>"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."</b>	
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? <a href="http://www.musictherapywisconsin.org">www.musictherapywisconsin.org</a>	

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.

Government Relations	Continuing Education	Public Relations	Membership	I would like to be mentored.
Public Relations	Clinical Practices	Newsletter	Archives	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 \$** \_\_\_\_\_