

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



Membership Form

Check one:

	Professional \$25.00		Retired Professional \$10.00		New Professional \$2 nd Year Free
	Associate \$25.00		Affiliate Organization \$30.00		Professional new to Wisconsin \$2 nd 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

"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.

	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:
 Chloe Husnick, 3300 S Stonegate Circle #204, New Berlin, WI 53151

DETACH FOR YOUR RECORDS

WCMT DUES

Date sent _____ **Check #** _____ **Amount \$** _____