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# WISCONSIN CHAPTER FOR MUSIC THERAPY

www.musictherapywisconsin.org

## Membership Form

September 1, 2011 through August 31, 2012

(Must be received by November 1<sup>st</sup> to be included in the 2011-12 Membership Directory)

Check one:

<input type="checkbox"/>	Professional \$20.00	<input type="checkbox"/>	Retired Professional \$5.00	<input type="checkbox"/>	New Professional \$ Free
<input type="checkbox"/>	Associate \$20.00	<input type="checkbox"/>	Affiliate Organization \$25.00	<input type="checkbox"/>	Professional new to Wisconsin \$ Free
<input type="checkbox"/>	Student/Intern \$5.00	<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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is this a new address/telephone number? \_\_\_\_\_

Employment Name \_\_\_\_\_

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

Facility Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Facility Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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?	

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:

Tiffany Vollrath, MT-BC 2864 Colleen Ct. Oshkosh, WI 54904

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**DETACH FOR YOUR RECORDS**

**WCMT DUES 2011-12**

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