

Music Therapy Association of Georgia

2008-2009 MTAG Membership Form

Name: _____
Professional Student School: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone (H): _____ Email: _____
Are You a member of AMTA? Yes No
(Remember, if you are not a member you must pay the \$20 Friends of MTAG Fee)

Place of Employment: _____
Private Practice? Yes No
Address: _____
City: _____ State: _____ Zip: _____
Telephone (W): _____ Population(s) Served: _____

Yes! Please print my contact information in the MTAG Directory
(distributed to members only)

Yes! I would like to receive future correspondence via email.

I am interested in helping with the following committee(s):
Job Development Government Relations Reimbursement
Scholarship Communications

The Current membership year begins on July 1, 2008 and ends June 30, 2009.

Professional Membership: \$20 _____
Student Membership: \$10 _____
Friends of MTAG: \$20 _____
Total Amount Due _____

Please make checks payable to **MTAG**

Mail your membership form and check to:

Jamie George
380 Kendemere Pointe
Roswell, GA 30075

Thank you for completing the membership form. By providing the above information, MTAG is able to compile up-to-date profiles and form a network of communication within the state. In addition, the membership form allows MTAG to ensure that each committee has representation from the state.