

# Music Therapy Association of Georgia

## 2018-2019 Membership Form

<b>Name:</b> _____
Professional <input type="checkbox"/> Student <input type="checkbox"/> University: _____
<b>Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Telephone:</b> _____ <b>Email:</b> _____
Are You a member of AMTA? Yes <input type="checkbox"/> No <input type="checkbox"/>
(Professional members that are not AMTA members must pay the \$20 Friends of MTAG Fee.)

<b>Place of Employment:</b> _____
<b>Private Practice?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Telephone (W):</b> _____ <b>Population(s) Served:</b> _____

_____ Yes! Please include my contact information in the MTAG Directory (distributed to members only)
_____ Yes! I understand I will receive future correspondence via email.
<b>I am interested in helping with the following committee(s):</b>
Job Development <input type="checkbox"/> Government Relations <input type="checkbox"/> Reimbursement <input type="checkbox"/>
Scholarship <input type="checkbox"/> Communications <input type="checkbox"/>

**The Current membership year begins on September 1, 2018 and ends August 31, 2019.**

Professional Membership: \$20	_____
Student Membership: \$10	_____
Friends of MTAG: \$20	_____
(for Professional members that are not AMTA members)	_____
<b>Total Amount Due</b>	_____

Please make checks payable to **Music Therapy Association of Georgia (MTAG)**

### Mail your membership form and check to:

Emily Minkow, LPMT, MT-BC  
1050 Lenox Park Blvd NE  
Apt.# 12304  
Brookhaven, GA 30319

*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.*