

Florida Association For Music Therapy Membership Renewal Form For 2005

NAME _____

CHECK APPROPRIATE BOX(ES)

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Professional Membership | \$24.00 |
| <input type="checkbox"/> | Web-Site Professional Referral List
(Professionals only to be listed on web-site) | \$10.00 |
| <input type="checkbox"/> | Student Membership | \$12.00 |
| <input type="checkbox"/> | Associate Membership | \$18.00 |
| <input type="checkbox"/> | Patron Membership | \$36.00 |
| <input type="checkbox"/> | Total | \$_____ |

Please mail this form with a check or money order payable to FAMT to:
Anna E. Hahn Weaver, BS Ed., MA, MAMT, MT-BC
811 Virginia Avenue
Tarpon Springs, FL 34689

*Please Print All Information you wish changed from the 2004 Membership Directory. *

Date _____
Name (Last, First, MI) _____
Credentials _____
Other Professional Organization Affiliations _____
Permanent Address _____
City _____ State _____ County _____ Zip + 4 _____
Work Location _____
Client Population _____
Home Phone _____ Work Phone _____
Fax _____ E-mail _____

[] I do not wish my information to be distributed outside of FAMT for any purpose without my pre-approval.

For Associate and Patron Members

Has any information relating to your areas of expertise and/or volunteer service/contributions changed since last year? Yes No

For Student Members

Has any information relating to your school enrollment, degree status, or temporary school year or permanent address changed since last year? Yes No

This form must be postmarked by December 31, 2004 to be included in the 2005 Membership Directory.