# Florida Association For Music Therapy
## Associate Membership: New Member Form

Name _____ Date _____
Last First Middle

Professional Credentials _____

Professional Associations/Organizations _____

Home Address _____

City _____County _____State _____Zip + 4 _____

Home Phone _____Fax _____E-Mail _____

Employer(s) _____County _____

Job Title(s) _____

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

## Areas of Skills and/or Expertise
**Check as many as apply and add explanations as you wish.**

**Health Care**
- Medical Health [ ] _____
- Mental Health [ ] _____

**Education**
- Student Population [ ] _____
- Subject Area (s) _____

**Computer Technology**
- Data Processing [ ] _____
- Internet [ ] _____
- Web Site [ ] _____

**Business**
- Advertising/Promotions [ ] _____
- Finances [ ] _____
- Management [ ] _____
- Office/Clerical [ ] _____
- Public Relations [ ] _____

**Other** _____

Membership Term 1/01/05 to 12/31/05

q Associate Dues $18.00
Total Remitted _____

Please mail this form with check payable to FAMT to:

*Anna E. Hahn Weaver, MT-BC*
*811 Virginia Avenue*
*Tarpon Springs, FL 34689*

**www.floridamusictherapy.com**