

Florida Association For Music Therapy

Patron Membership: New Member Form

Business/Organization Name _____ Date _____

Patron's (Owner/Primary Officer) Name _____

Business/Organization Address _____

City _____ County _____ State _____ Zip + 4 _____

Business/Organization Phone _____ Fax _____ E-Mail _____

Patron's FAMT Representative's Name _____

Home Address _____

City _____ County _____ State _____ Zip+4 _____

Home Phone _____ Fax _____ E-Mail _____

Job Title(s) _____

Work Phone _____ Fax _____ E-Mail _____

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

What is your organization's purpose or area of business? _____

Would your organization be willing to sponsor an FAMT event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would your organization have space available for us to use for an event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would your organization be willing to donate or fund materials/door prizes to FAMT events?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would your organization be willing to provide volunteers for FAMT events? If Yes, what volunteer skills could be utilized by FAMT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note

Thank you for your patronage of the Florida Association for Music Therapy. As a Patron benefit, your business/organization will be allotted space for business card-sized promotion in each FAMT newsletter (4 per year) and the annual Membership Directory. Please include a black and white sample of a promotion as you wish it to appear. Please PAPER CLIP the sample to this membership form. If no sample is included with this form, the newsletter editor will create one for you.

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

q Patron Dues	\$36.00
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