

**Florida Association For Music Therapy
Professional Membership: New Member**

Name _____ Date _____

Last

First

Middle

Professional Credentials (circle)

Degree: MT MM MME MMT EdS PhD Other _____

Certification: RMT CMT ACMT MT-BC Other _____

Professional Association Affiliations (circle): AMTA Other _____

Home Address _____

City _____ County _____ State _____ Zip + 4 _____

Home Phone _____ Fax _____ E-Mail Address _____

Employer(s) _____ County _____

Job Title(s) _____

I would like to have my information added to the Professional Referral List.

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

Program/Facility Settings

Please check where you conduct your activities.

- acut Acute care
- adc Adult daycare/treatment
- ad Adult education
- cadt Child/adolescent treatment
- cpre Children's daycare/presch
- chos Children's hospital or unit
- comm Community based service
- cmhc Community mental health
- cf Correctional/forensic
- cu College/University
- drg Drug/alcohol/substance
- eip Early intervention
- gh General medical hospital
- gf Geri facility (not nursing)
- gph Geriatric psychiatric unit
- grph Group home
- hha Home health agency
- hsp Hospice/palliative/bereave
- icpmr ICP/MR facility
- inpsy Inpatient psychiatric unit
- mhc Mental health center /hosp
- mr Music retailer
- nhas Nursing hm/assisted living
- on Oncology program
- out Outpatient clinic
- phos Partial hospitalization
- phyr Physical rehabilitation
- pmta Private music therapy ag.
- self Self-emp/private practice
- sch School system (K-12)
- stin State inst. (not ICF/MR)
- sg Support groups
- vet Veteran's Affairs
- welp Wellness program/center
- oth Other _____

Client Population Served

Please check the population(s) which you serve.

- Ab Abused/sexually abused
- Ad Alzheimer's/dementia
- Aut Autistic
- Bhd Behavioral disorder
- Brv Bereaved
- Cncr Cancer patients
- Cp Chronic pain sufferers
- Cmt Comatose patients
- Cus College/University student
- Dd Developmentally disabled
- Ddg Dual diagnosed
- Ech Early childhood
- Ed Eating disorders
- Eld Elderly
- Emd Emotionally disturbed
- Hi Hearing impaired
- Hiv HIV/AIDS
- Ld Learning disabled
- Ms Medical/surgical health
- Mh Mental health
- Mtid Multiply disabled
- Neur Neurologically impaired
- Nd Non-disabled
- Phd Physically disabled
- Pri Prison inmates
- Ptsd Post-traumatic stress disor
- Sch School aged (K-12)
- Si Speech impaired
- Strk Stroke victims
- Sa Substance abusers
- Ti Terminally ill
- Tbi Traumatic brain injured
- Vi Visually impaired
- Wlln Well persons
- Oth Other _____

Client Age Range

Please check the age range(s) of your clientele.

- Pre Pre-natal
- In Infants (birth-2)
- Ch Children (3-7)
- Prt Pre-teens (8-12)
- Tns Teens (13-19)
- Yadt Young adults (20-29)
- Adt Adults (30-49)
- Madt Mature adults (50-64)
- Snrs Seniors (65 and older)
- All All ages

Other Treatment Modality Training

Please check other training or certification that you have.

- Gim GIM
- Psy Psychodrama
- Pth Play Therapy
- Oth Other _____

10 / 04

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

- Professional Dues \$24.00
- Professional Referral List \$10.00
- 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*