Florida Association For Music Therapy
Student Membership: New Member Form

Name _____ Date _____
Last First Middle

Temporary/School Address _____

City _____County _____State _____Zip + 4 _____

Phone _____Fax _____E-Mail _____

Permanent/Home Address _____

City _____County _____State _____Zip + 4 _____

Phone _____Fax _____E-Mail _____

To which address should FAMT mailings be sent? Permanent Home Address [ ] Temporary/School Address [ ]

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

Degree
Bachelor's [ ]
Master's [ ]
Doctorate [ ]
Equivalency [ ]

Major
Music Therapy [ ]
Music Education [ ]
Music Performance [ ]
Other: _____ [ ]

Minor _____

Internship
Expected Start Date __/__
Expected Finish Date __/__

If Currently Doing Your Internship
Location: _____

Client Population: _____

Expected Graduation Date ___/___

What are your areas of special interest in Music Therapy? _____
_____
_____

Please attach a copy of your current Student ID.

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

q Student Dues $12.00
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