

Kansas City Metro Music Therapists

September 2009-2010 Membership Registration Form

Step 1- Your Information

Last Name	First Name	Credentials/Student	
Address	City	State	Zip
E-mail (<i>KCMMT sends all updates via e-mail</i>)		New or returning member	
Work Place		Primary Phone Number	

Step 2- Questionnaire

Please list additional certifications (e.g. NMT, Orff): _____

Please list your specialties or areas of interest: _____

What kind of presentations, topics, or CMTE courses are you interested in?

What do you hope to receive through your KCMMT membership?

Would you ever be interested in holding a board member position? _____

Would you be interested in being a committee chair for the 2011 Midwest Regional Conference in Kansas City? _____

Would you be interested in participating in a committee for the 2011 Midwest Regional Conference in Kansas City? _____

Step 3- Membership Dues Please sign below. Make checks payable to KCMMT.

Professional Membership \$25 Student Membership \$15

I, _____, hereby acknowledge my membership to the Kansas City Metro Music Therapist's from September 2009- September 2010.

Additionally, I give KCMMT permission to release my information to:

individuals requesting information about music therapy. _____ (initial)

individuals requesting a private practice music therapists. _____ (initial)

SEND THIS FORM TO:
Lorissa McGuire
KCMMT-Membership Director
1306 Cynthia Street
Lawrence, KS 66049

please allow 4-6 weeks to receive your membership card by USPS mail.