



New Jersey Association for Music Therapy

2012 MEMBERSHIP REGISTRATION FORM

www.njmusictherapy.org



It is time again for the New Jersey Association for Music Therapy’s Annual Membership Drive. Here is your chance to become an NJAMT member. Joining NJAMT has many benefits. Your membership includes a subscription to the quarterly NJAMT News, an informative newsletter about Music Therapy happenings in New Jersey including upcoming events, job postings, private practice opportunities, and columns by the executive board officers and committee members.

BUT THAT’S NOT ALL! In addition, as a member, you can:

♪ **Learn** about the exciting work your colleagues are doing throughout the state in the **NJAMT Newsletter** “Highlights” column.

♪ **Advocate:** Get up-to-the-minute information regarding any legislation that may impact our field. This is important as we work to gain state recognition of music therapy as well as ensure that our clients continue to have access to our services.

♪ **Advertise** your expertise and services to other professionals at a reduced rate on our **recently updated** website!

♪ **Network:** Find a Supervisor or Peer Supervision Group. Clinical supervisors licensed by NY and PA are right here in your back yard! For new professionals or those new to the area, peer supervision is a great way to improve your clinical work.

♪ **Get involved with the MAR-NJAMT Task Force on Occupational Regulations** to find out what you can do to improve access to music therapy for NJ citizens.

♪ **Earn CMTEs for FREE!** This is probably the most exciting benefit! A Full Day Workshop each fall that is free to NJAMT members.

♪ **Get more involved with NJAMT**, and serve as a member of the **NJAMT Executive Board** – you’ll be at the forefront of NJAMT’s initiatives as part of the decision-making team.

♪ **Volunteer** with a short-term or public relations project you believe can help NJAMT “promote understanding, recognition, or implementation of music therapy services” in our state.

We are here to help you in many ways and offer you opportunities to help yourself and your colleagues, too, as we grow and learn and share with you in this dynamic, thriving field.

****Please print all information exactly as you would like it to appear in the member directory located in the confidential members only section of www.njmusictherapy.org ****

Please do not include me in the directory

Name _____ Credentials _____

Street Address _____ City _____

State _____ Zip Code _____ Email Address _____

Home Phone (_____) _____ Work Phone (_____) _____

Worksite _____ Title _____

Worksite Address _____

Member type: Active (\$25) (\$20 – if received by 2/29/2012) Couples (\$35) (\$30 if received by 2/29/2012)

Associate/Friend of Music Therapy (\$15) Student (\$5) Retired (\$10) Affiliate Organization (\$30)

Private Practice: Are you accepting private practice referrals? _____ What county(ies)? _____

What age? _____ What population(s)? _____

How would you like to help NJAMT? I am interested in helping with:

Website design/development Newsletter NJAMT executive board Mailings Communications

Short-term projects Mentorship program: (as a mentor or recipient of mentorship)

NJAMT Booth in the Exhibit Hall in MAR Conference

Peer Supervision - How would you like this program to work and to help you and others? NJAMT would like to support opportunities for professional as well as personal growth. To that end, we are compiling a list of individuals who express interest in taking part in peer supervision or in having a mentor (this is specifically for students, recent graduates, and professionals who are new to New Jersey). _____

Public Relations: (one-time project assistance speaker) Music Therapy Day

Presenting at a seminar/workshop (topic: _____) Other: _____

Please circle up to 4 populations with which you most often work and age range :

Abuse	Emotionally Disturbed	Parkinson's
AIDS	Forensic	Physically Disabled
Alzheimer's/Dementia	Head Injury	PTSD
Autism	Hearing Impaired	Rett Syndrome
Behavioral Disorder	Learning Disabled	Speech Impaired
Cancer	Medical/Surgical	Stroke
Chronic Pain	Mental Health	Substance Abuse
Comatose	Multiply Disabled	Terminally Ill
Developmental Disability	MT College Students	Visually Impaired
Dual Diagnosis	Neurologically Impaired	Age range: 0-12, 13-18, 18-50
Eating Disorders	Non-disabled	50+

Please list any other professional organizations to which you belong: _____

Please fill in the State Legislative District Number(s) for your work address _____ and home address _____, which may be found at www.state.nj.us (under the "Legislature" button, then "Municipalities Index" under "Districts").

**Please send this completed form and check payable to NJAMT, to:
Barbara Giaquinto PO Box 449 Ledgewood, NJ 07852**