



CAMT Membership Application Form 2010

Canadian Association for Music Therapy
Mailing address:
110 Cumberland Street, Suite #320
Toronto, ON
M5R 3V5
1-800-996-CAMT (in Canada only)
416-944-0421
camt@musictherapy.ca
www.MusicTherapy.ca

Types of Membership (please check)		After Nov 30 th 2009	
<input type="checkbox"/>	MTA	\$175	\$195
<input type="checkbox"/>	MTA – R/I	\$60	\$80
<input type="checkbox"/>	MTA Graduate Student	\$75	\$95
<input type="checkbox"/>	MTI	\$60	\$80
<input type="checkbox"/>	Associate	\$125	\$145
<input type="checkbox"/>	Student	\$60	\$80
<input type="checkbox"/>	Corporate	\$330	\$350

Please make cheques payable to:
The Canadian Association for Music Therapy

For addresses outside Canada, please add \$15.00 to your total and submit in Canadian funds.

\$20 fee for renewal after Nov. 30th does not apply to first-time members.

\$20.00 WILL BE CHARGED FOR NSF CHEQUES.

Address and Contact Information – this information will also be included in the Membership Directory

Full Name		Credentials	
Street Address	City	Province	Postal Code
Home Phone	Work Phone	Fax	
Email			

MTA Members Only – Please State if Self-Employed and/or Employer's Name and Address

	Self-employed <input type="checkbox"/>
Name of Employer	
Street Address	Name of private practice
City	Prov. Postal Code

CAMT Board and Committees

- I am interested in volunteering for the CAMT Board
- I am interested in volunteering for the CAMT committees
- I am interested in volunteering on the Accreditation Review Board (ARB)

Publications: please select the items which you would prefer to receive by HARDCOPY instead of email

- Annual Report Newsletter Journal Membership Directory

Check the Clientele and Age Group which Best Represents the Population You Specialize In (2 max)

- | | | | | |
|--|---|--|-----------|---|
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Abuse | Age Group | <input type="checkbox"/> Infants/Children |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Mental Health | | <input type="checkbox"/> Adolescents |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Other | | <input type="checkbox"/> Adults |

As much as possible I would prefer correspondence in: English French

CODE OF ETHICS: All applicants for membership of the CAMT must sign the following:

I have read and agree to abide by the CAMT Bylaws and Code of Ethics

Date: _____ Signature: _____

If you prefer to pay by VISA	Amount: \$ _____
Visa #: _____	Expiry Date: _____
Signature: _____	Date: _____

*As previously stated, associate members were advised that they would no longer be insured as of the fall 09 membership renewals. We are now extending that date to the fall renewal period of 2010. Starting December 1st, 2010, associate members will no longer have the opportunity to access liability insurance through CAMT. Given the time period between submitting your accreditation application and having it reviewed you must submit it no later than **July 2nd, 2010.***