



MTAK Membership Form

Music Therapy Association of Kentucky Membership Application

Please fill in the following information and submit along with payment to:

Shannon Bowles, Assistant Professor of Music Therapy
University of Louisville, School of Music
Louisville, KY 40292

Deadline for annual dues is March 31

Date: _____

Name: _____

Credentials: _____

Address: _____

Home Phone: () _____

Work/Cell Phone: () _____

Email address*: _____

(*Required in order to receive Newsletter.)

Place of Employment: _____

Populations Serving: _____

Membership Type:

___ Professional \$10

___ Associate \$10

___ Affiliate Organization \$25

Payment: ___ Cash ___ Check# _____

What is the best way to be contacted about upcoming meetings and events? Circle One.

Mail **Email** **Phone**

Do you want your information to be available to the general membership for the purpose of improving communication among its members? Circle One.

Yes **No**