

## 2007 NJAMT MEMBERSHIP REGISTRATION FORM

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 NJ. **BUT THAT'S NOT ALL. In addition, as a member, you can:**

♪ **Get up-to-the-minute information** regarding any legislation that may impact our field. This is of primary importance as the NJ Coalition of Arts Therapies Association is submitting language into the State Licensed Professional Counselor regulations.

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

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

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

♪ **Get involved 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.

♪ **Try your hand** at 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.

♪ *Meet* music therapists that you might never get to meet through our "Highlights" column.

♪ *Explore* different job opportunities, both facility and private practice.

♪ *Advertise* your expertise and services to other professionals at a reduced rate.

\$1.00 of your NJAMT dues goes to the New Jersey Creative Arts Therapies Association (NJCATA).

Please print all information exactly as you would like it to appear in the NJAMT membership directory.

Please do not include me in the directory.  I would like to receive the newsletter via email not US mail  
NJAMT News is send as a Word Document attachment.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Worksite \_\_\_\_\_ Title \_\_\_\_\_

Worksite Address \_\_\_\_\_

**Member type:** \_\_\_ Active (\$20) (\$15 - IF RECEIVED BY 1/31/2007)  
 \_\_\_ Couples (\$30) (\$20 - IF RECEIVED BY 1/31/2007) \_\_\_ Associate (\$10)  
 \_\_\_ Student (\$5) \_\_\_ Retired (\$5) \_\_\_ Affiliate Organization (\$25)

**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  mentor or  recipient of mentorship? - How would you like this program to work and to help you or for you to help others? Explain your interest: \_\_\_\_\_

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

Other: \_\_\_\_\_

Presenting at a seminar/workshop (topic: \_\_\_\_\_)

NJCATA Creative Arts Therapies Capitol Day (formerly known as Music Therapy Day)

I do not have email/internet access but would like to be informed of new happenings

I work with (circle all that apply) infants children adolescents adults seniors

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

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

Please list any professional organizations you belong to:

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](http://www.state.nj.us) (under the "Legislature" button, then "Municipalities Index" under "Districts").

**Please send this completed form and check payable to NJAMT, to:**

**Karen Anne Litecky, 188 Preston Road, K-3, Milford, NJ 08848**