

MEMBERSHIP APPLICATION FORM

Name: Dr/Ms/Mr/Mdm* D.O.B.:

Identification # (pls specify):

Number: (M) (O) (H)

Address:

Email:

Credentials:

For Professional and Associate Memberships Only:

***Please attach resume with details of clinical practice with pdf copies of relevant certificates via email to musictherapy.sg@gmail.com, then make an appointment to show original copy to AMTS's record-keeper.*

****Student applicants: Please submit certified copy of proof of enrolment at institution and major of study (music therapy) with instructor's signature via email to musictherapy.sg@gmail.com.*

Relevant Professional Degree(s) and Certifications:

Qualification	Year awarded	Institution	Length of course	Part time/Full time	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Other Academic or Professional Affiliations

Professional Affiliation	Office held	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check the appropriate membership category:

- Professional Membership (S\$60)** is open to all certified music therapists who have completed their training programmes at accredited institutions AND are currently practising. Professional members must maintain their professional registration status with the Association of Music Therapy of the respective country of training. Members will have voting rights, however, only Professional members who are Singapore citizens or Permanent Residents will have the right to hold office.**
- Associate Membership (S\$40)** is open to all certified music therapists who have completed their training programmes at accredited institutions who are not practising and/or whose credentials are not current. Associate members will have the right to vote only.**
- Student Membership (S\$20)** is open to any student training to be a music therapist. Members must be enrolled full-time or part-time in an international or local institution. This membership does not include the right to vote or hold office.***



Annual subscriptions

Membership dues are payable in advance within the first week of the financial year. If a member falls into arrears with his/her subscription or other dues, the Treasurer shall inform immediately. If member fails to settle arrears within 4 weeks of their becoming due, the President may order that his/her name be posted on the Society's website and that s/he be denied the privileges of membership until account is settled. If s/he falls into arrears for more than three (3) months, s/he will automatically cease to be a member and have membership privileges suspended.

Fees will be paid via paypal. Upon receipt and approval of application, an invoice for payment via Paypal will be issued to your email address listed..

Thesis or Major Research topic

Professional Interests

I am interested and available to serve in the following committees:

- Community awareness events, e.g. MT Day
- MT Symposium or Continuing Education
- Journal Club
- Music Therapy Times newsletter
- Social
- Supervision
- Allied Health Profession Bill
- on an ad hoc basis
- as an Exco officer (to be nominated by voted by membership during Elections)

By submitting this application, I, , certify that the information provided above

is true to the best of my knowledge. Hereafter, by joining the Association for Music Therapy, Singapore, AMTS, I agree to support its aims and objectives, and abide by the rules. I understand that the Executive Committee reserves the right to make the final decision on my application. I understand that a member will have his/her membership immediately revoked should there be evidence of professional malpractice or unethical conduct, that is not in accordance with the objectives of this Association.

Signed this day the of , 201.

day of week calendar day month year

Applicant:
PRINT NAME

Endorsed by :
(AMTS official record-keeper) PRINT NAME

Checklist – Please ensure that all items have been included with this Application before mailing. Thank you.

- Completed Application Form
- Copies of supporting Certificates and related documents