

MEMBERSHIP APPLICATION FORM

Date of Application: _____

Name: Mr/Mrs/Miss/Ms/Dr _____ D.O.B.: _____

Nationality/Citizenship (Please select one): Singapore Citizen Singapore Permanent Resident Others: _____

Phone Number: _____

Address: _____

Email: _____

Music Therapy Qualification: _____

Credentials/License Number (For Professional Membership): _____

Areas of Specialisation (For Professional Membership): _____

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 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 music therapy student at entry-level training. 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 their subscription or other dues, the Treasurer shall inform immediately. If the 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 any member falls into arrears for more than three (3) months, this member will automatically cease to be a member and have membership privileges suspended.

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

For Student Memberships Only:

Please attach certified copy of proof of enrollment at institution and major of study (music therapy) with instructor's signature via email to musictherapy.sg@gmail.com.

Projected Graduation Month/Year (MM/YY): _____

Our vision - All persons to have access to quality Music Therapy services in Singapore

Our mission - Lead the nation in the progress of Music Therapy as a regulated allied health profession through education and advocacy

For Associate Memberships Only:

Please attach PDF copies of your degree, showing the name of your University and proof of present or past professional registration in country of training (e.g. Screenshot showing your registration and license number).

For Professional Memberships Only:

Please attach PDF copies of your degree, showing the name of your University and proof of professional registration in the country of training (e.g. Screenshot showing your registration and license number).

By checking the box, you confirm that you agree with the following statement:

- I am willing to be listed on the AMTS Professional Member Directory on the AMTS Website. Information shared include:
- Last Name
 - First Name
 - Accreditation/License Number
 - Academic Credentials
 - Areas of Specialisation



ASSOCIATION FOR MUSIC THERAPY
(SINGAPORE)

ASSOCIATION FOR MUSIC THERAPY (SINGAPORE) AMTS
UEN: T07SS0236E
22 SIN MING LANE, #06-76, MIDVIEW CITY
SINGAPORE 573969

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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 their membership immediately revoked should there be evidence of professional malpractice or unethical conduct that is not in accordance with the objectives of this Association.

Name of Applicant: _____

Signature: _____

Date: _____

FOR OFFICIAL USE

Application is Endorsed By: _____

Date: _____

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