



## MEMBERSHIP APPLICATION FORM

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

Identification # (pls specify): \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Contact Number: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (C)

Address: \_\_\_\_\_ Email: \_\_\_\_\_

***For Professional and Associate Memberships Only:***

Professional Certification(s) and degree(s) earned: \_\_\_\_\_ + \_\_\_\_\_

Professional Affiliations/Office Held (year): \_\_\_\_\_ (\_\_\_\_\_) + \_\_\_\_\_ (\_\_\_\_\_)

Place of Training (year): \_\_\_\_\_ (\_\_\_\_\_) + \_\_\_\_\_ (\_\_\_\_\_)

*Please tick 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.\*\*
- Friends of Music Therapy Membership (\$30)* is open to all interested in music therapy. This membership does not include the right to vote or hold office.
- 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** are payable in advance within the first week of the 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 paid are not transferable or refundable.

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.

I, \_\_\_\_\_, certify that the information provided above is true to the best of my knowledge. 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 committee reserves the right to make the final decision on my application.

Signed \_\_\_\_\_ this day \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_, 201\_\_.

Applicant: \_\_\_\_\_  
 PRINT NAME

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

*\*Delete as appropriate*

*\*\*Please attach resume with details of clinical practice and make an appointment to show original copy to AMTS's record-keeper and submit duplicate copies via email: [musictherapy.sg@gmail.com](mailto:musictherapy.sg@gmail.com).*

*\*\*\*Please submit certified copy of proof of enrolment at institution and major of study (music therapy) via email: [musictherapy.sg@gmail.com](mailto:musictherapy.sg@gmail.com).*

***For Official Use Only:***

# \_\_\_\_\_

Received the sum of \$ \_\_\_\_\_ in payment of \_\_\_\_\_ (type) membership dues for (year) \_\_\_\_\_

on \_\_\_\_\_ (date).

\_\_\_\_\_  
 Treasurer/Date

Certificate Verified

\_\_\_\_\_  
 Record-keeper/Date