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| MEMBERSHIP 2020 |

**Association québécoise de musicothérapie**

The AQM is a professional non-profit organization for music therapists, interns, students, and all persons interested in the profession. Goals of the AQM:

* To relay information on the applications of music therapy and on its clinical and ethical standards.
* To regroup and inform music therapists, students and other interested parties.
* To promote the development of music therapy services Quebec.
* To provide continuing education for music therapists.
* To foster research in music therapy.

**Membership benefits**

Members will receive:

* Discounts for professional development workshops and the biennial conference/seminars;
* The membership directory;
* Promotional tools (including brochures, door hangers, etc...);
* Job offers by e-mail;
* The possibility to be found on the “Find a music therapist” page of the AQM web site;
* Access to the documentation centre and video library

The Association québécoise de musicothérapie continues to grow and is working toward further development of public awareness, the dissemination of accurate information concerning music therapy best practice standards and music therapy interventions, ongoing research concerning effective music therapy techniques, and government awareness.

**Association québécoise de musicotherapie**

**P.O. Box 56053**

**Montreal, Quebec, H3Z 3G3**

**Tel.: (514) 264– 6335**

[**www.musicotherapieaqm.org**](http://www.musicotherapieaqm.org)**info@musicotherapieaqm.org**

**MEMBERSHIP CATEGORIES**

1. **Music Therapist Accredited (MTA) 100$ (*110$ after December 1)***

Voting member, open to music therapists accredited by the Canadian Association for Music Therapy (CAMT) who are in good standing.

1. **Music Therapist Accredited/ Post-secondary studies 70$ *(80$ after December 1)***

Voting member, open to music therapists accredited by the CAMT or by a professional music therapy association recognized by the CAMT, who remain in good standing and who are enrolled in full-time post-secondary education. Proof of enrolment is required.

1. **Music Therapy Intern 35$ *(no late fee)***

Voting member, open to music therapy interns, according to the requirements of the CAMT, that are and remain a member in good standing, including all persons who have submitted their accreditation file to the CAMT in the two years following the internship inscription date. Such membership can become inactive if they provide a letter to the AQM and CAMT justifying a reasonable reason (i.e. Maternity leave or illness) for their temporary leave from internship or their process of accreditation. The AQM, the CAMT, and the member must come to an agreement on the duration of the deactivation period. The maximum duration a member may subscribe to this category is two years. A *Declaration of internship status or pending accreditation files by the CAMT* form must be completed and signed.

1. **Music Therapist Retired/Inactive (MTA R/I) 70$ *(80$ after December 1)***

Voting member, open to individuals with MTA status that are no longer actively involved in/practicing music therapy. This status also gives the right to hold a position on the board of the AQM.

1. **Student Member other fields 30$ *(no late fee)***

Non-voting member, open to students, including minors. Proof of full time enrolment at an educational institution required.

1. **Associate Member 70$ *(no late fee)***

Non-voting member, open to persons interested in music therapy, all institutions, all legal personalities, societies, associations or trustees interested in promoting the objectives of the AQM.

1. **Honorary Member No Fee**

Voting member, open to persons who have become lifetime members who have held office on the board of the AQM and persons recognized for their outstanding contribution to the AQM or the music therapy domain.

**No postdated check accepted. Bounced checks will be charged $7 to cover bank charges.**

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**MEMBERSHIP APPLICATION- ASSOCIATION QUÉBÉCOISE DE MUSICOTHÉRAPIE 2019**

Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🕿 Cell : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **I am a member in good standing of the CAMT (For MTAs and MTIs)**

**I was convicted of a criminal offense in Canada or abroad (other than an offense punishable by a summary offense procedure) Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_**

**MEMBERSHIP CATEGORIES:**

* **Music Therapist Accredited (MTA) 100$ *(110$ after December 1)***
* **Music therapist Accredited/ Post-secondary studies 70$ (*80$ after December 1)***
* **Music Therapy Intern 35$ (*no late fee)***
* **Music Therapist Retired/Inactive (MTA R/I) 70$ *(80$ after December 1)***
* **Student Member other fields 30$ (*no late fee)***
* **Associate Member 70$ (*no late fee)***
* **Honorary Member No fee**

***\* No postdated check accepted. Bounced checks will be charged $7 to cover bank charges.***

**FOR MTA MEMBERS:**

Music therapy training:

Bachelors Year and Institution\* : \_\_\_\_\_, \_\_\_\_\_\_\_\_

Master’s Year and Institution\* : \_\_\_\_\_, \_\_\_\_\_\_\_\_

PhD Year and Institution\* : \_\_\_\_\_, \_\_\_\_\_\_\_

Other Year and Institution\* : \_\_\_\_\_, \_\_\_\_\_\_\_\_

 **FOR Interns - ACTIVE II MEMBERS**

 A copy of the approval of internship by CAMT is required is

Other training besides music therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other association memberships or professional orders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Indicate “in progress” if the diploma has begun but has not yet been completed.

**SECTION “MEMBERSHIP DIRECTORY”:**

* I want my information to be included in the **MEMBERSHIP DIRECTORY** on the AQM website, *members only section*

**Please select the information you would like to have included in the directory:**

* **Address**
* **Tel. (home)**
* **Tel. (work)**
* **E-mail**
* **I accept that my clientele be included in the directory**

**SECTION « FIND A MUSIC THERAPIST » *(For MTA members only):***

* I want for my name to appear in the section: **FIND A MUSIC THERAPIST** on the AQM website, public section.

This section is accessible to the public and allows them to find a music therapist in their region. By accepting, I understand that only the following information will be on the website: name, telephone, region, e-mail, clientele, services (presentations, interviews, information kiosques, and language of correspondence).

**FOR MTA MEMBERS, PROFESSIONAL-STUDENT**

Work location(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region(s) available to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I wish to be informed by e-mail the employment offers received by the AQM.
* I authorise the AQM to give my name as a professional associate (internship supervisor) to the University of Concordia
* I wish to work for the board of directors of the association

Clienteles:

* Private Practice (PP)
* Physical Disabilities (PD)
* Sensory Disabilities (SD)
* Intellectual Disabilities (ID)
* Autism Spectrum Disorder (ASD)
* Geriatrics (G)
* Palliative Care (PC)
* Medical/Hospitals (MH)
* Neurological Disorders (ND)
* Mental Health (MH)
* Addictions (A)
* Physical/ sexual abuse victims (PSAV)
* Detention Centre (DC)

Age groups:

* Children (C)
* Adolescents (Ado)
* Adults (Ad)

Language:

* French (Fr)
* English (Eng)

Services:

* Supervisor (Sup)
* Lecturer/Conferences (Lec)
* Information Kiosks (K)
* Promotional media interviews (PMI)

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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