



NSBTM Membership Application – Affiliate Organization

An Affiliate Organization member of NSBTM is a company, school, or organization interested in therapeutic music.

1. Educational Affiliate: Open to training organizations interested in supporting continuing education of certified therapeutic musicians and the aims, objectives, and purposes of the NSBTM.
2. Service Placement Affiliate: Open to organizations that work directly with a healthcare institution whose purpose is to supply trained therapeutic musicians to work one-on-one with a patient/resident, and/or in a public area of the healthcare facility, and are interested in supporting the aims, objectives, and purposes of the NSBTM.
3. Healthcare Affiliate: Open to healthcare institutions that are interested in supporting the field of therapeutic music and are interested in supporting the aims, objectives, and purposes of the NSBTM.

Date of application: _____

Name of organization: _____ **Website:** _____

Main contact person: _____ **Department:** _____

Office phone: _____ **Email address:** _____

Mailing address: _____

Second contact person (optional): _____

Department: _____

Office phone: _____ **Email address:** _____



NSBTM Membership Application – Affiliate Organization

Current professional identity:

(Example: educational organization, service placement organization, healthcare organization)

Please describe how you are involved with / use therapeutic music.

Please briefly describe the nature of your business or organization and its Mission and History:



Statement of Agreement

My Application

- By signing below, I verify that the Statements that I have made on this application are all true.
- I understand that NSBTM may request more information as needed to complete the application process. I recognize that completing an application is no guarantee of acceptance.

Ethics

- I have read, understand and support the mission, scope of practice, and code of ethics of the NSBTM.

Authorization Release

- I understand that the information I have provided NSBTM may be verified by contacting persons and organizations that I have listed on my application. I agree to release from liability and damages NSBTM and its agent(s) who conduct such verifications, as well as any individual or organization, which I have listed on my application. I understand that the completed document will be kept in NSBTM confidential files. The information supplied will be seen only by the review committee and if requested, myself.

Signed: _____ Date: _____

Print Name: _____



Payment

Check any that apply. Further information can be found at therapeuticmusician.com

1. \$30 - Application fee
2. \$100 - Yearly membership fee
3. \$ _____ Tax deductible contribution
4. \$ _____ Total due

Method of Payment

NSBTM accepts checks and credit cards

Payment by check – Make checks payable to National Standards Board for Therapeutic Musicians

Check enclosed for a total of \$ _____

Payment by credit/debit card (VISA/MC/AMEX/DISCOVERY)

Credit Card total of \$ _____

Name as it appears on the card: _____

Type of credit card (VISA/MC/AMEX/DISCOVERY) _____

Credit Card number: _____

Expiration date: _____ Security code (3 or 4 digits depending on card)

Billing address (if different from the address on page 1)

Sign _____ Date: _____