Affiliate Membership Application

Dear Applicant:

Thank you for your interest in supporting the mission and objectives of the National Standards Board for Therapeutic Musicians (NSBTM). Your application responses help the NSBTM understand how our organizations may partner and work together.

Benefits of Becoming an Affiliate Member

1. Support the mission and objectives of the NSBTM and contribute to the growing field of therapeutic music.
2. Receive the “Affiliate of NSBTM” logo for use on your advertisements, websites and brochures.
3. Have the opportunity to appoint a representative of your organization to the Representative Council/committees. This promotes the participation in all processes related to the common goal of maintaining high standards for therapeutic musicians.

Membership Categories

- **Educational Affiliate Programs** provide foundational or further education of students/graduates of accredited programs. Educational affiliates are encouraged to actively participate on the Representative council or on committees. An annual membership fee is required.
- **Allied Associations** are groups or organizations which support or build upon the work of the certified therapeutic musician through research, practitioner support, Arts in Health management, international standards boards for therapeutic musicians, or other organizations on the spectrum of healthcare musicians.

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Member Fees

- An initial membership fee of $100 is due upon submission of this application. Please find the payment link at the bottom of the application.
- An annual membership fee of $100 will be sent via invoice around the spring season of each year and is required to maintain active membership.

Annual invoices will be sent to the email on file. You will receive options to pay online or by check.

Submitting Your Application

After paying the membership fee, please send your completed application to nsbtm.web@gmail.com.

Application Date

Membership Category

- [ ] Educational Affiliate
- [ ] Allied Association

Name of Organization

Address

Website

Applicant Name

Title or Position in the Organization

Email Address

Phone Number

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General Description

Please provide a brief description of your organization.

Mission

What is the mission of your organization?

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Working with NSBTM

Why is your organization interested in affiliating with the NSBTM?

Are there specific ways that you foresee working together with the NSBTM?

Does your organization wish to participate on the Representative Council of the NSBTM or any of its committees?

☐ Yes ☐ No ☐ Unsure/would like more information

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Agreement of Support

By checking the boxes below, you agree to support the following:

- ☐ NSBTM Mission: The NSBTM defines and upholds the educational standards for training programs for Certified Therapeutic Musicians.
- ☐ NSBTM Code of Ethics
- ☐ NSBTM Certified Therapeutic Musician Scope of Practice
- ☐ NSBTM By-Laws

By signing below, you ensure that all information included in this application is accurate to the best of your knowledge and you have read, understood, and agreed to the role of an affiliate organization.

Full Name _____

Today's date _____

PAYMENT AND SUBMISSION

A $100 membership fee is due upon submission of the application.

CLICK HERE TO PAY ONLINE

Or mail a check to:
National Standards Board for Therapeutic Musicians
1900 Clinton Avenue S #18046
Rochester, NY 14618-0046

Send the completed application to nsbtm.web@gmail.com. If paying by check, please let us know in your email.

We appreciate your support and look forward to working with you!

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