**Application for Membership Support**

The mission of the GLR of AMTA is to advance and support the mission of the American Music Therapy Association on the regional level and to serve GLR-AMTA members. The Executive Committee of GLR of AMTA has created a Membership Support fund to assist members in the region who may be experiencing temporary financial struggles. This assistance is intended to help GLR of AMTA members with paying AMTA membership dues or continuing education opportunities. Please note that a member may not receive Membership Support funds from GLR of AMTA more often than once in a three year period.

Procedure and Timeline:

1. Complete this application.
2. Submit to the current **Past President of GLR of AMTA**. You may submit an application at any point during the year.
3. Applications will be considered by the Executive Committee at the national conference (October/November) or regional conference (March/April), immediately following the application.
4. In some cases applicants cannot wait for the next conference to receive a decision, due to impending deadlines (e.g., CMTE registration). Applications marked “Time Sensitive” (see below) which arrive between conferences, will be considered as soon as possible, via phone conference or electronic means.
5. Applicants will be notified within one week after the application is voted upon by the Executive Committee.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting Membership Support funds to assist with (check one):

\_\_\_ AMTA Membership Dues (for the year \_\_\_\_\_\_\_)

\_\_\_ Continuing Education opportunity

Please provide a detailed description of how these funds will help you meet professional responsibilities and goals. Please limit your response to space provided.

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Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Sensitive? (circle one) Yes/no

If your request is time-sensitive, please explain why it is time sensitive and provide the date the funds are needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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