



Missouri Music Educators Association

A Federated State Association of the National Association for Music Education

INDEPENDENT CONTRACTOR AGREEMENT IN-STATE CLINICIAN (Current Missouri Educator)

All information to be completed by a MMEA Officer / Board Member

CLINICIAN INFORMATION

This is an agreement entered into between the MMEA and:

NAME:

OFFICE PHONE:

HOME ADDRESS:

HOME PHONE:

CITY:

STATE:

ZIP:

EMAIL:

Tax ID # / Social Security Number:

(Only if appearance fee exceeds \$600)

SESSION INFORMATION

The clinician named above agrees to render services at the assignment described below:

SESSION 1

DATE OF APPEARANCE:

TIME OF SESSION:

LENGTH OF SESSION:

SESSION 2

DATE OF APPEARANCE:

TIME OF SESSION:

LENGTH OF SESSION:

SESSION 3

DATE OF APPEARANCE:

TIME OF SESSION:

LENGTH OF SESSION:



Missouri Music Educators Association

INDEPENDENT CONTRACTOR AGREEMENT IN-STATE CLINICIAN

(Current Missouri Educator)

Name of Clinician:

TERMS OF AGREEMENT

Sponsorship

*Any sponsorship for in-state Missouri educators presenting at a MMEA conference shall be arranged independently with the sponsor and the presenter.

* Sponsorship of session materials may be acquired by the presenter and/or MMEA board member. Such sponsorship may be recognized in MMEA conference publications.

Sponsor Name:

Sponsor Email:

Description of Sponsorship:

MMEA REIMBURSED EXPENSES

MMEA agrees to pay the following expenses in accordance with MMEA Conference Reimbursement Policy:

Conference Fee \$ 65.00

*MMEA does not reimburse and/or provide appearance fee, transportation, lodging, or meals for in-state Missouri educators serving as session presenters at MMEA conferences.

CLINIC HANDOUTS

MMEA requires that a PDF of all handouts to be presented in clinic sessions be submitted through the MMEA Website by **January 10, 2020.**



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INDEPENDENT CONTRACTOR AGREEMENT between the Missouri Music Educators Association (Hiring Party)
and _____ (Independent Contractor).

The parties hereby agree as follows:

1. I have read, and I agree to the terms and conditions stated the MMEA Conference Clinician Policies.
2. I agree to the Terms of Agreement as stated in this agreement.

SIGNED: _____ DATE: _____
Clinician

SIGNED: _____ DATE: _____
MMEA Vice-President / Chairperson

SIGNED: _____ DATE: _____
Executive Director, MMEA

Submit Contract Electronically:

<https://mmea.net/mmea-contract-agreement-upload/>