



# Missouri Music Educators Association

*A Federated State Association of the National Association for Music Education*

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## **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)

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### **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

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## 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    \$ 80.00

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

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#### CLINIC HANDOUTS

*MMEA requires that a PDF of all handouts to be presented in clinic sessions be submitted through the MMEA Website by **January 15, 2026.***



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**(Current Missouri Educator)**

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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.

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SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Clinician

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
MMEA Vice-President / Chairperson

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
President, MMEA

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Executive Director, MMEA