



# 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

(Non-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 (Non-Educator)**

**Name of Clinician:**

### **TERMS OF AGREEMENT**

#### **Sponsorship**

\*The sponsor listed below has agreed to provide financial support for the following expenses:

- All Expenses
- Appearance Fee
- Transportation Expenses
- Lodging
- Meals
- No Sponsorship

Sponsor Name:

Sponsor Email:

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#### **MMEA REIMBURSED EXPENSES**

MMEA agrees to pay the following expenses (pre-negotiated) in accordance with MMEA Conference Reimbursement Policy:

- Appearance Fee     \$
  - Ground Transportation (Paid at \$.38 per mile)
  - Meals (Maximum of \$25 (total expenses))
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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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## INDEPENDENT CONTRACTOR AGREEMENT IN-STATE CLINICIAN (Non-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.
  3. The clinician/presenter must submit itemized receipts to the appropriate MMEA VP/Chair by **FEBRUARY 10, 2026**.  
*Note: Expenses/receipts submitted after the deadline will not be reimbursed.*
  4. The MMEA Board member contracting the service must submit all financial reimbursement transactions through the MMEA website by **FEBRUARY 15, 2026**.  
*Note: Expenses/receipts submitted after the deadline will not be reimbursed.*
  5. All checks must be cashed within **30 Days** of issue.
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SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Clinician

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

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

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