Missouri Music Educators Association

A Federated State Association of the National Association for Music Education

MMEA AREA

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)

SESSION INFORMATION

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

SESSION 1

DATE OF APPEARANCE: Select One
TIME OF SESSION: Select One
LENGTH OF SESSION: Select One

SESSION 2

DATE OF APPEARANCE: Select One
TIME OF SESSION: Select One
LENGTH OF SESSION: Select One

SESSION 3

DATE OF APPEARANCE: Select One
TIME OF SESSION: Select One
LENGTH OF SESSION: Select One

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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:

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)

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, 2027****.*

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(Non-Educator)

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, 2027**.
   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, 2027**.
   Note: Expenses/receipts submitted after the deadline will not be reimbursed.

5. All checks must be cashed within **30 Days** of issue.

SIGNED: _____ DATE: _____
Clinician

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

SIGNED: _____ DATE: _____
President, MMEA

SIGNED: _____ DATE: _____
Executive Director, MMEA