

Application for Membership

Central Florida Music Teachers Association, Inc.

Name _____

Address _____

Studio Address _____

Home Phone _____ Studio Phone _____

E-mail address _____

I prefer mail sent to: Studio _____ Home _____

CHECK ALL THAT APPLY

Are you actively involved in teaching at this time? Yes _____ No _____

Approximate number of students _____ Class teaching _____ Private teaching _____

Do you teach in a Conservatory _____ College _____ Public schools _____

Please list any degrees you hold and from which institutions _____

Advanced study or artist teachers? _____

Special experience or study? _____

Are you certified by FSMTA or FL State board of education? _____

I agree to abide by the code of ethics of this association (see state application)

_____ (type electronic signature) _____ (date)

Please provide 2 typed electronic signatures of sponsoring members

1. _____

2. _____

For use by CFMTA board only, do not complete this section

APPLICATION ACCEPTED _____ REJECTED _____ by board action

Date _____