

Mid-Cities Music Teachers Association

Application for Membership

Applicant's Name _____ Date: _____

Address _____

City _____ Zip _____

Telephone _____ Email _____

Date of Birth _____ Sex: Male _____ Female _____

Teaching Field(s) Piano _____ Organ _____ Theory _____ Voice _____
Instrumental _____ (Instrument Taught _____)

Teaching Categories: Pre-School _____ Pre-College _____ Adults _____ College _____

PROFESSIONAL TRAINING

Degree earned _____

Date received _____ Institution _____ Location _____

Major _____ Minor _____

Degree earned _____

Date received _____ Institution _____ Location _____

Major _____ Minor _____

NON-DEGREED APPLICATION

List college music courses completed _____

List other special music training and/or pedagogy courses completed _____

Personal honors received _____

PROFESSIONAL EXPERIENCE

Teaching Experience: Number of years _____ Location _____

Number of years _____ Location _____

Performing Experience: (dates & places) _____

Honors your students have received: (dates, events, places) _____

Present Employment: Institution _____

Church _____ Self-Employed (give studio address) _____

Professional Affiliations: _____

Please return completed application & MTNA, TMTA, MCMTA yearly dues (July 1-June 30) of \$113 to:

Donna Warnock, MCMTA Membership Chairman, 3052 High Cliff Dr; Grapevine, TX 76051; (817) 251-2278; donna.warnock1@verizon.net