## **Member Application Form**

We are excited that you are interested in joining DMTA! Please type or print legibly and return to the membership chair.

## N

Membership Type	
Please check one:	
New Member Transfer/Secondary Member (	
	Music Teachers' Association
<b>Contact Information</b>	
Title (please circle) Dr / Mr / Mrs / Miss / Ms	
Name	
E-mail	
Address	
City/State/Zip	Phone
Primary Teaching Field	Secondary Teaching Field
<b>Educational Background</b>	
List all Degrees; include Major and name of College/Universit	y. Attach separate sheet if necessary.
1	
2	
3	
4	
5	
Teaching Experience	
1	
2	
3	
4	

continued on back...

## **Teachers' Organizations**Please check all that apply:

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Former DMTA member		
Carrolton		
Plano		
Richardson		
Other		Please specify:
Nationally Certified?		Year:
Current Teaching Sta	tus	
Please check all that apply:		
Independent		
College/University		Please specify:
Public School		Please specify:
Church Music		
Commercial Music		Please specify:
Other		Please specify:
Letters of Recommen	dati	on
New Members must submit two let	ters of	recommendation (not required for Transfer/Secondary Members).
1		
2		
Applicant Signature		
Signature:		
Date:		
•••••	•••••	
For Office Use		
Date received:		DMTA Teacher #
Documentation complete?		
Form updated March 1, 2018		