

Music Teachers' Association of California

833 Market Street, Suite 900, San Francisco CA 94103, 800 834-3340 (CA only) or 415 978-9668

www.mtac.org

ACTIVE MEMBERSHIP APPLICATION FORM - INSTRUCTIONS

- 1) **VERY IMPORTANT:** This application form is intended for applicants who hold a Bachelor or higher degree in music from an accredited domestic academic institution. If this does not apply to you, please refer to the following chart for the appropriate application form.

| Application Form Reference Guide | |
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| I have a foreign diploma. | Use the Foreign Diploma Application Form |
| I do not have a degree in music. | Please see document titled: How to Join the MTAC without a Degree in Music or contact the MTAC State Office for additional information. |
| I would like to become a Business Affiliate. | Use the Business Affiliate Application Form |
| I am a student currently pursuing a bachelor or higher degree in music and do not qualify for active membership. | Use the Student Member Application Form or contact State Office for Collegiate Chapter Info |

- 2) **General Information:** Please answer each question.
- 3) **Degree Information:** Please list the highest degree attained and its corresponding instrument/subject specialty. Note: If you have separate degrees in different instrument/subject specialties, you qualify in those areas with this form. Please list all the pertinent degrees on this form.
- 4) **Branch Membership:** Please indicate whether you wish to join a branch and if so, which branch you would like to join. Important: If you teach in another region separate from where you live (some teachers teach in venues over 60 miles from where they reside), please note this on the application form in the appropriate section.
- About Branch Membership:** When joining the MTAC, you have the option to have Branch Membership. The primary advantages of Branch Membership are as follows:
- I. Being part of a local group of like-minded professionals in your region.
 - II. Being able to participate in Branch Activities and Programs.
 - III. Being able to participate in State Programs that require Branch Membership (Certificate of Merit and VOCE.)
- Note: There is an additional annual fee set by each individual branch.
- 5) **Two-Years Teaching Experience:** Please indicate if you meet this requirement for Active Membership. If you do not have two-years teaching experience, you will be given the status of Provisional Member until you have reached this requirement.
- 6) **Official Transcript:** An official transcript of your highest degree attained must be sent directly from the Academic Institution. Any type of transcripts sent directly from the applicant will not be accepted. If you are applying for multiple instrument specialties via diploma, please send all related transcripts.
- 7) **Signature:** By signing this form, you certify that all the information provided is *truthful and accurate*. In addition you indicate that you have read and agree to abide by the bylaws and code of ethics of the Music Teachers' Association of California.
- 8) **Send your Completed Application to the MTAC:** Please send the following documents to the State Office:
- a. A copy of your diploma (highest degree attained); if you are applying for multiple instruments specialties via diploma, include all diplomas verifying this information.
 - b. A check made to the MTAC. Please refer to dues schedule for exact amount.

Important: To enroll in CM or other MTAC events, new applications must be accurately completed and submitted to the state office on or prior to the appropriate application deadline. Please see the current Membership Application Schedule for exact dates.

ACTIVE MEMBERSHIP APPLICATION FORM

Have you ever been a member of MTAC? No ___ Yes ___

If you answered yes, you may not use this form. Please file a **Reinstatement Form**.

GENERAL INFORMATION:

| | | | |
|--|--|-----|---------------------------|
| Please complete: | | | |
| Ms. Mrs. Mr. Dr. | Full Name as listed in degree information: First, Middle, Last | | |
| If different, please list name as you would like it listed in the MTAC Directory | | | Date of Birth |
| Mailing Address (Include apartment number, if any) | City | Zip | Phone Number |
| Email Address | | | Alternate Number (if any) |

DEGREE INFORMATION:

| Please list highest degree attained. | | | |
|--|---|------------------------|----------------------|
| Important: Only list multiple degrees if aiming to qualify in multiple instrument/subject specialties. | | | |
| Note: If you wish to be qualified in additional instruments/subjects but do not hold separate degrees in these specialties, you may fill out a Secondary Instrument or Secondary Subject Application Form . | | | |
| School Name and Location | Instrument/Subject (Examples: Composition, Piano, or Violin) | Type of Degree Awarded | Year Degree Received |
| 1 | | | |
| 2 | | | |
| 3 | | | |

BRANCH INFORMATION:

| | |
|--|--|
| Choose whether you would like to join a branch or become a Member-At-Large | |
| <input type="checkbox"/> I would like to join a Branch of the MTAC (fee) | <input type="checkbox"/> I would like to be a Member-At-Large (do not join a branch) |
| Optional: If you would like to join a Branch of the MTAC, please list your preferred branch: | |
| Do you teach the majority of your students in a region outside of your mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If you teach outside your mailing address, please list the full address of this location (include city/state/zip): | |

- I. I verify that I have at least two years teaching experience. Yes No
- II. I verify that I have contacted the necessary academic institution(s) and have arranged for official transcripts to be sent directly to the MTAC State Office. Yes No
- III. I have read and agree to abide by the bylaws and code of ethics of the Music Teachers' Association of California. Yes No
- IV. I declare that all the information provided is *truthful and accurate*. I understand that the MTAC may verify this information, and that untruthful or misleading answers are cause for rejection of this application.

Applicant's Signature _____ **Date** _____

Please send completed application, copies of all pertinent diplomas, and payment to:
833 Market Street, Suite 900, San Francisco CA 94103

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|-----------------------|----------|-------------------------------|--|
| OFFICE USE ONLY | | | |
| State Dues | \$ _____ | Date received in State Office | _____ |
| Branch Dues | \$ _____ | State Board Approval Date | _____ |
| State Application Fee | \$ _____ | State Membership Secretary | _____ |
| Total | \$ _____ | Branch Board Approval | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Member ID Number: _____