

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

REINSTATEMENT FORM

GENERAL INFORMATION:

Please complete:			
Ms. Mrs. Mr. Dr.	Full Name: 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)

BRANCH INFORMATION:

Choose one of these three options:
<input type="checkbox"/> 1) Reinstate back to my previous branch (please include annual branch dues amount in payment)
<input type="checkbox"/> 2) Reinstate to Member-At-Large (do not join a branch)
<input type="checkbox"/> 3) Reinstate into a different branch (please include annual branch amount of new branch in payment)
Name of new branch if option 3 was chosen:

If you teach in another region separate from where you live (some teachers teach in venues over 60 miles from where they reside), please fill out this section.
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 (please include city/state/zip):

- I. I have read and agree to abide by the bylaws and code of ethics of the Music Teachers' Association of California. Yes No
- II. 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, and payment, including reinstatement fee, annual state dues and annual branch dues (if applicable) to:
833 Market Street, Suite 900, San Francisco CA 94103

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

Member ID Number: _____