



MUSIC TEACHERS' ASSOCIATION of CALIFORNIA®

833 Market Street Suite 900 • San Francisco, CA 94103 • 800-834-3340 • Fax: 415-978-9695 • www.mtac.org

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CAL PLAN AUDITION APPLICATION FORM & INSTRUCTIONS

Send completed form and Audition Fee payment to: MTAC Membership, 833 Market Street, Suite 900, San Francisco, CA 94013. Incomplete applications will not be accepted and will be returned.

APPLICANT ELIGIBILITY

This Form is intended only for Cal Plan Membership applicants who do not have a Bachelor's Degree in Music, do not qualify for Provisional Membership, and seek Active Membership qualification through the 4-year Cal Plan independent study program.

To apply for and schedule an Audition, applicants must have already submitted a **Cal Plan Membership Application Form** along with the applicable membership fees (these will be refunded if an applicant does not pass the Audition). If you have any questions, please contact the MTAC State Office at the above particulars.

Cal Plan Audition Applications deadline is **November 30**. No exceptions to this deadline will be made.

APPLICANT INFORMATION

Full name (First, Middle, Last)		Application Date:	
Address (include apt #, if any)	City	State	Zip Code
Email	Phone		Alt. Phone
Instrument			

REPERTOIRE APPROVAL

For all instruments, applicants are required to perform a total of four (4) repertoire pieces as follows:

- 1 piece from the Baroque Period
- 1 piece from the Classical Period
- 1 piece from the Romantic/Impressionist Period
- 1 piece from the 20th/21st Centuries period
- 1 piece must be memorized
- *Clarinet*: 1 piece must be from each of Classical and Romantic/Impressionist periods and 2 pieces from 20th/21st Centuries period
- *Voice*: 1 piece in English, and 3 pieces each in a different foreign language (e.g. French, Italian, German)
- Pieces can only be chosen from the current applicable instrument *Certificate of Merit Syllabus*, Levels 9 and Advanced (Level 10) repertoire lists. For repertoire with multiple movements or suites, one movement/suite constitutes 1 piece.

Please list your Audition Repertoire below, as indicated in the Certificate of Merit Syllabus (Composer, Title, Opus/No.):

Period	Composer	Title and Language (if Voice)	Opus/No.
Baroque			
Classical			
Romantic/Impressionist			
20 th /21 st Centuries			
Clarinet: Additional 20 th /21 st Centuries			

AUDITION SCHEDULING

All Auditions are scheduled between **May 1 through May 14**. Please indicate your preferences:

	5/1	5/2	5/3	5/4	5/5	5/6	5/7
9am-12pm							
12-3pm							
3-6pm							
6-8pm							

	5/8	5/9	5/10	5/11	5/12	5/13	5/14
9am-12pm							
12-3pm							
3-6pm							
6-8pm							

AUDITION FEE & PAYMENT

The Audition Fee is **\$80.00**. By providing credit card information below, you authorize payment of all applicable fees (AMEX not accepted):

Name on Credit Card: _____ Credit Card # _____
 Expiration Date: _____

OFFICE USE ONLY	
Audition Fee: \$ _____	Date Received _____