



**Membership Information 200\_\_ - 200\_\_**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_  
Number and street City and Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

County: \_\_\_\_\_ Principal: \_\_\_\_\_

School Phone: \_\_\_\_\_

Best way to contact you in the case of a cancellation: \_\_\_\_\_

**PRESENT PROFESSIONAL POSITION**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Music Specialist  | <input type="checkbox"/> Church Musician | <input type="checkbox"/> Music Therapist      |
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Administrator   | <input type="checkbox"/> University Personnel |

**MEMBERSHIP**

(Please Circle) Local Chapter National

Associate (What is your home chapter?) \_\_\_\_\_

Student (Name of college or university) \_\_\_\_\_

**CHAPTER INVOLVEMENT**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Area Contact Person       | <input type="checkbox"/> Newsletter               | <input type="checkbox"/> Officer: _____                |
| <input type="checkbox"/> Fliers                    | <input type="checkbox"/> Chairperson              | <input type="checkbox"/> Lead a session (Topic: _____) |
| <input type="checkbox"/> Phone Tree                | <input type="checkbox"/> Contributor              | <input type="checkbox"/> Clinician Host                |
| <input type="checkbox"/> Photographer              | <input type="checkbox"/> Publicity/Press releases |  |
| Instruments: <input type="checkbox"/> Chairperson  | <input type="checkbox"/> Contributor              | Other Area: _____                                      |
| Refreshments: <input type="checkbox"/> Chairperson | <input type="checkbox"/> Contributor              | _____  |

**WORKSHOP AREAS OF INTEREST**

(Please prioritize what you would like the chapter to emphasize this year)

- |                                  |  |  |                                    |
|----------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Speech  | <input type="checkbox"/> Singing Voice | <input type="checkbox"/> Body Rhythms  | <input type="checkbox"/> Movement  |
| <input type="checkbox"/> Mallets | <input type="checkbox"/> Recorder      | <input type="checkbox"/> Improvisation | <input type="checkbox"/> Unpitched |