

DVMTA 2008-2009 APPLICATION FOR MEMBERSHIP

(Please print)

NAME: _____ PHONE: _____

CELL PHONE #: _____ E-MAIL ADDRESS _____

ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY TEACHING FIELD: _____ SECONDARY: _____

Please check if you would like to have your name listed in the directory as: Accompanist _____

Computer Assisted Instruction _____ Other (please list) _____

MEMBERS ARE REQUIRED TO SERVE on a committee if their students participate in any DVMTA events.

Please mark your top three choices for the areas where you would be willing to help:

- _____ TECHNOLOGY* _____ MEMBERSHIP* _____ MUSIC MARATHON
- _____ PUBLICITY* _____ HOSPITALITY * _____ COMPOSITION FESTIVAL
- _____ REFERRAL* _____ ADS AND ADVERTISING* _____ CAVALCADE OF RHYTHM
- _____ LIBRARIAN* _____ AUGUST KICKOFF BRUNCH _____ AWARDS IN EXCELLENCE
- _____ HISTORIAN* _____ DECEMBER LUNCHEON _____ ACHIEVEMENT DAY
- _____ NEWSLETTER* _____ APRIL BRUNCH _____ AWARDS PLUS
- _____ GENERAL MEETING (program selection and set-up)

*One person usually handles these responsibilities under the direction of the President

List other special talents (typing, computer, art work, calligraphy, etc.): _____

Do you have any suggestions for monthly meeting speakers, topics, or other matters: _____

ANY suggestions or comments are welcomed. (Please use reverse side if needed.) _____

How many students in your studio are served by DVMTA? _____ We'd appreciate you're feedback and would like to keep records of our growth!

HOW would you like to receive the event information? (CHECK ONE) COPIES _____ WEB PAGE _____

DUES: RENEWING MEMBER: _____ \$35.00 IF PAID BY JULY 1: \$40 AFTER JULY 1
NEW MEMBER: _____ \$35 FOR THE YEAR (July 1, 2008—June 30, 2009)

Amount Paid \$ _____ Date Paid _____ Check No. _____

Please make checks payable to: Desert Valley Music Teachers Association (DVMTA)

SIGNATURE: _____

MAIL TO: Anne Cheney
2546 W. Loughlin Dr. Chandler, AZ 85224 Phone: 480-839-5889

REFERRAL SERVICE – Complete the following section if you are interested in using the referral service

NAME: _____ PHONE: _____

E-MAIL ADDRESS _____

ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY TEACHING FIELD: _____ SECONDARY: _____

Are you presently looking for students? _____ Closest major intersections to your home: _____

Youngest age you will teach: _____ Highest level you teach: (circle) beginner/intermediate/advanced

Do you accept transfer students? _____ Do you teach in student's homes? _____

Do you teach on weekends? _____ In the evening? _____ Do you teach adults? _____

Please list any specialties (jazz, Suzuki, theory, etc.), preferences, or helpful background information: