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THE NATIONAL PROFESSIONAL MUSIC TEACHERS ASSOCIATION

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Name: Mr./Mrs./Miss (Print as required on certificate):

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Address:

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Telephone: (Res) \_\_\_\_\_ (Fax) \_\_\_\_\_

(Cell) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

Instruments/Voice/Courses you teach

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Classical \_\_\_\_\_ Pop \_\_\_\_\_ Other \_\_\_\_\_

Languages used in teaching: English - Yes \_\_\_ No \_\_\_

Others? \_\_\_\_\_

What Boards do you teach?

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Will you travel to student's home? Yes \_\_\_ No \_\_\_

Teaching experience and/or Degree or Diploma

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(State whether Teacher or Performer)

Do you interview/audition prospective students?

Yes \_\_\_ No \_\_\_

Do you charge for it? Yes \_\_\_ No \_\_\_

If accepted for membership, I hereby agree to abide by the Rules & Regulations of the Association.

Signature of Applicant

\_\_\_\_\_

Date: \_\_\_\_\_

Character Reference

\_\_\_\_\_  
(Name and Address only)

(Present letter with this application)

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OFFICE USE ONLY

Certificate No. \_\_\_\_\_ Date Accepted \_\_\_\_\_

Registrar's Signature \_\_\_\_\_

Please send your application to (after you have read the requirements):

National Professional Music Teachers' Association

Mrs. E. Wolak

483 West 39th Avenue, Vancouver

BC, V5Y 2P8