# 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

____Music Specialist ____Church Musician ____Music Therapist

____Classroom Teacher ____Administrator ____University Personnel

## MEMBERSHIP

(Please Circle) Local Chapter National

Associate (What is your home chapter?)_____

Student (Name of college or university)_____

## CHAPTER INVOLVEMENT

___Area Contact Person ___ Newsletter ____Officer: _____
___Fliers ___Chairperson ____Lead a session (Topic: _____)
___Phone Tree ___Contributor ____Clinician Host
___Photographer ___Publicity/Press releases
Instruments: ___Chairperson ___Contributor Other Area: _____
Refreshments: ___Chairperson ___Contributor _____

## WORKSHOP AREAS OF INTEREST

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

__Speech __Singing Voice __Body Rhythms __Movement
__Mallets __Recorder __Improvisation __Unpitched