

THE MUSIC TEACHERS' ASSOCIATION OF NEW SOUTH WALES

ABN: 33 000 033 447

MEMBERSHIP APPLICATION

Return completed form, copies of qualifications and other supporting evidence to P O Box 244
Oatley, NSW 2223

Full Asso	ciate Student	Contemporary	
le <i>Mr, Mrs etc</i> Surname	e	Given Names	
ldress			
uburb	Post Code	D.O.B. (optional)	
n Home	Studio	Mobile	
mail		Fax	
uhiects you teach (Piano Theon.	, Violin etc)		
abjects you teach (Tiano, Theory			
	id You Hear About the MTA <u>?</u>		
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QUAL	IFICATIONS:		
	For diplomas or other professional qualifications gained, state whether performer (P) or teacher (T) and include the relevant institution, in the space provided. Please specify subjects for which qualifications have been gained. In the case of overseas qualifications, a certified translation must be provided.		
CV:			
	Is your CV Attached? (Contemporary applicants) Yes / No		
Musica	Qualifications (Degrees, Diplomas etc and date of such awards)		
Eviden	ce of Successful Teaching (List attachments)		
	Evidence of acceptance as a teacher of contemporary/ jazz popular music at a tertiary institution (List attachments)		