



# 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

**Application Category (tick the category under which your application should be considered)**

**Full**     
  **Associate**     
  **Student**     
  **Contemporary**

Title *Mr, Mrs etc* \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Ph Home \_\_\_\_\_ Studio \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Subjects you teach (*Piano, Theory, Violin etc*) \_\_\_\_\_

Years of Teaching \_\_\_\_\_ How did You Hear About the MTA? \_\_\_\_\_

**If you teach children (anyone under the age of 18 years, please supply your WWWC and DOB below)**

**PLEASE PROVIDE YOUR WORKING WITH CHILDREN CHECK NO.**

**DATE OF BIRTH** \_\_\_\_\_

I, the undersigned, wish to become a member of the Music Teachers' Association of NSW Ltd as indicated above, and hereby agree, subject to the acceptance of this application, to be bound by the Memorandum and Articles of Association and By-Laws of the Association for the time being. I hereby remit my application fee for membership as set out below. I understand that if my application is unsuccessful that this application fee (less a \$20 administration charge) will be refunded to me, upon request. I also understand that if an application for Full membership is unsuccessful, then Associate membership will be automatically awarded and the difference in the fee will be refunded. A pro-rata refund may be applicable to this application.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Full Metropolitan Member	\$131.00		Associate Metropolitan Member	\$121.00	
Full Branch Member <i>(Newcastle and Illawarra)</i>	\$131.00		Associate Branch Member <i>(Newcastle and Illawarra)</i>	\$121.00	
Full Country Member	\$113.00		Associate Country Member	\$105.00	
International Full Member	\$113.00		International Associate Member	\$105.00	
Contemporary Member	\$131.00		Student Member	\$55.00	
Mailing List Only	\$58.00				

Payment Method:  Cheque  Money Order  VISA  Mastercard

CC No: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**QUALIFICATIONS:**

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.

PHOTOCOPIES of **all** qualifications listed must be attached to this form.

**CV:**

Is your CV Attached? (Contemporary applicants) Yes / No

**Musical Qualifications** (Degrees, Diplomas etc and date of such awards)

**Evidence of Successful Teaching** (List attachments)

**Evidence of acceptance as a teacher of contemporary/ jazz popular music at a tertiary institution** (List attachments)