



FLORIDA STATE MUSIC TEACHERS ASSOCIATION
APPLICATION FOR MEMBERSHIP

Instructions: Complete the front and back of this form. With your application, enclose (1) your degree transcript or copy of your diploma and (2) a check or money order made payable to FSMTA for annual dues. Dues cover FSMTA, MTNA, and local membership and a subscription to *The Florida State Music Teacher* and *The American Music Teacher* for one year. FY is July 1 to June 30.

Dues: MTNA dues: \$ _____ FSMTA dues: \$ _____ Local dues: \$ _____ District Dues: \$ _____ = **Total Amount: \$ _____.**

Dr/Mr/Mrs/Miss/Ms _____
Please print your name as you wish it to appear in the Membership Roster.

Spouse's name (if MTNA member) _____

Residence _____
Street (Apt. #) City Zip Code

Mailing Address _____
Box, Street, Route No. City Zip Code

Telephone (Home) _____ - _____ - _____ (Business) _____ - _____ - _____
Area Code Area Code

Fax _____ - _____ - _____ Email _____
Area Code

Date of Birth _____ Sex: M F
Month Day Year

All Personal Information Will Be Kept Private

If Student: College _____ *If Transferring:* Transferring From _____
Major _____ MTNA Membership Number _____
Degree Sought _____ Certification Code (If Certified) _____

Primary Teaching Status (check one)

Independent College/University Student Public School
Commercial Studio Church Music Other _____

List the subjects you teach in the order of importance. 1. _____
2. _____ 3. _____

Highest Degree Held (check one). Please attach college transcripts or photocopy of diploma.

High School Associate Baccalaureate Master's
Doctorate Performance Diploma Other _____

School _____ Degree _____ Major _____

School _____ Degree _____ Major _____

Have you ever been convicted, found guilty, had adjudication withheld, entered a pretrial diversion program, or pled guilty or *nolo contendere* (no contest) to a criminal offense involving sexual or other abuse of a person? A YES or NO answer is required. If you check the YES box, you must provide the information requested for each charge. This information is required in accordance with Article VI of the *FSMTA Bylaws*.

YES NO

City	State	Date of Arrest	Charge(s)	Disposition(s)

To be filled out by local Association only.

Local Membership Chair _____ District _____

Address _____
Street City Zip Code

Phone _____ - _____ - _____ Email _____
Area Code

Local MTA _____

Recommended for: Active Provisional Associate Student membership. Date _____
(rev. 11/14)

**Florida State Music Teachers Association
Code of Ethics**

Florida State Music Teachers Association members will abide by the current Music Teachers National Association Code of Ethics. ([MTNA Code of Ethics](#))

I hereby certify that I have read, understand, and will abide by the CODE OF ETHICS established by this Association. I further certify that all information pertaining to this application is true, correct, and complete.

Signature _____ Date _____

Endorsed by: _____ Date _____
Active Member in good standing

Endorsed by: _____ Date _____
Local Membership Chair, Active Member in good standing