

Member Application Form

We are excited that you are interested in joining DMTA!
Please type or print legibly and return to the membership chair.



Membership Type

Please check one:

New Member Transfer Secondary Member

Contact Information

Title (please circle) Dr / Mr / Mrs / Miss / Ms

Name

E-mail

Address

City/State/Zip Phone

Primary Teaching Field Secondary Teaching Field

Educational Background

List all Degrees; include Major and name of College/University. Attach separate sheet if necessary.

1.

2.

3.

4.

5.

Teaching Experience

1.

2.

3.

4.

5.

continued on back...

Teachers' Organizations

Please check all that apply:

Former DMTA member

Carrollton

Plano

Richardson

Other Please specify:

Nationally Certified? Year:

Current Teaching Status

Please check all that apply:

Independent

College/University Please specify:

Public School Please specify:

Church Music

Commercial Music Please specify:

Other Please specify:

Letters of Recommendation

New Members must submit two letters of recommendation (not required for Transfer/Secondary Members).

1.

2.

Applicant Signature

Signature:

Date:

For Office Use

Date received:

DMTA Teacher #.....

Documentation complete?

Form updated June 28, 2018