NEW ENGLAND PIANO TEACHERS' ASSOCIATION

APPLICATION FOR MEMBERSHIP

Date_____

Name (Miss Ms Mrs. Mr.)_____
(Please Print or Type) First Name Middle Name Last Name

Address_____
Number Street City

_____
State Zip+4 Telephone (with Area Code)

Were you a member of NEPTA previously? Yes No
If so, was your name different?_____

Musical Education:

Degree or Diploma _____ **Institution** _____ **Major** _____

_____

Piano Study: Teacher(s) _____

_____

_____

_____

Teaching Experience: Describe such factors as years of teaching, approximate number of students, levels of advancement of students.

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_____

_____

List names of two professional musicians who could recommend your work:

Name _____ **Address** _____ **Telephone** _____

_____

_____

List other musical associations to which you belong: _____

_____

_____

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_____

Admission to Active or Associate Membership is at the discretion of the Membership Committee.
Mail to: Membership Chair, Janna Bruene, 7 Bardwell Street #3, Jamaica Plain MA 02130-3124