# 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**_____
Street City State Zip+4

_____
Telephone (with Area Code) Email (Please print clearly)

**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**