

MEMBERSHIP APPLICATION

2011-2012

NATIONAL ASSOCIATION for MUSIC EDUCATORS and GEORGIA MUSIC EDUCATORS ASSOCIATION

Return form with Payment to:

GEORGIA MUSIC EDUCATORS ASSOCIATION

218 Willis Drive

Stockbridge, GA 30281

Phone: 678.289.9299 Fax: 678.289.9250

Please print legibly or type. DO NOT SEND CASH.

Make CHECKS PAYABLE TO B57A 9 OR USE CREDIT CARD (see below)

Name: _____

Phone: _____ MENC ID#: _____ Expiration Date: _____

Work Phone: _____ Cell: _____ Fax: _____

E-mail: _____

Home Address

School Address

Street: _____ School: _____

City/State _____ Street: _____

Zip: _____ City/State: _____ Zip: _____

MEMBERSHIP CATEGORIES (PLEASE CHECK ONE)

___ Active* \$103.00 (\$83 National/\$20 GA) \$ _____

___ Retired* \$62.00 (\$42 National/\$20 GA) \$ _____

* Includes \$10.00 for **Music Educators Journal** & \$10.00 for **Teaching Music**

Please indicate GMEA District in which you
teach or list the County.

For information on spousal membership rates, contact the MENC membership dept. at 1.800.828.0229

*****ACTIVE OR RETIRED MEMBERSHIP IS A PREREQUISITE FOR ALL OPTIONS BELOW*****

Options:

___ **Journal of Research in Music Education – Add \$37.00** \$ _____
(Society for Research in Music Education)

The following are no longer available by subscription. They are available on-line at no additional charge:

General Music Today, UPDATE, and The Journal of Music Teacher Education

TOTAL \$ _____

CHECK **ONE** TEACHING LEVEL AND **ONE** TEACHING AREA, THEN LIST OTHER INTERESTS BELOW:

Teaching Level (select 1)

- ___ Pre School
- ___ Elementary
- ___ Junior/Middle School
- ___ Senior High School
- ___ College/University
- ___ Administration
- ___ Private Studio

Teaching Area (select 1)

- ___ Choral/Voice
- ___ Band
- ___ Orchestra
- ___ Keyboard/Piano
- ___ General Music
- ___ Special Learners
- ___ Guitar

Other Interests

- ___ Teacher Education
- ___ Jazz
- ___ History/Theory/Comp
- ___ Mariachi
- ___ Technology
- ___ Research
- ___ Show Choir

THESE RATES EXPIRE MAY 31, 2012

Please charge my (choose one) Visa MasterCard Discover AMEX School/County PO/Check (Must attach)

Card Number: _____ Exp. Date: _____ V-Code: _____

Signature: _____ Amt: _____