

# Music Teachers' Association of California

833 Market Street, Suite 900, San Francisco CA 94103, 800 834-3340 (CA only) or 415 978-9668  
www.mtac.org

## BUSINESS AFFILIATE MEMBERSHIP APPLICATION FORM

*The MTAC Bylaws (Article IV, Section 5) state that Business Affiliate Membership may be granted to businesses, organizations, and institutions interested in supporting the purposes of MTAC and its Branches.*

### PURPOSE OF THIS FORM

This form exists to allow those fitting the above description to affiliate with MTAC. Business Affiliate Members do not have the right to vote or hold State or Branch office, although they may participate in certain MTAC programs. Business Affiliate Members may join up to five (5) branches by paying the Branch Dues for each Branch plus Multi-Branch State Dues (please refer to the current "Fees & Dues" list on the MTAC website). The Business Affiliate Member would then be listed in the State Membership Directory with each Branch they have joined. Business Affiliate Members who choose not to join a Branch are listed in the At-Large section of the State Membership Directory.

**Important: A music school may become a Business Affiliate Member; however, MTAC policy states that individual faculty or staff members wishing to participate in MTAC programs must apply individually for membership. NOTE: Business Affiliate Members are not eligible to participate in MTAC programs like Certificate of Merit or VOCE.**

Business Affiliate Membership benefits include:

- A listing in the annual State Membership Directory
- The opportunity to exhibit or give a presentation at a discounted rate at the annual MTAC Convention
- Member discounts on advertising in MTAC publications, including the annual Convention Program Book and *The California Music Teacher* magazine (published three times a year)
- Member discounts on MTAC mailing lists

### INSTRUCTIONS

(PLEASE READ CAREFULLY)

- 1) **General Information:** Please answer each question; type or print clearly.
- 2) **Branch Membership:** Please indicate whether you wish to join a Branch and if so, list the Branch. Business Affiliate Members may join up to five branches by paying Branch Dues for each Branch plus the Multi-Branch State Dues (please refer to the current "Fees & Dues" list on the MTAC website). The Business Affiliate Member would then be listed in the State Membership Directory under each Branch they have joined.
- 3) **Signature:** By signing this form, you certify that all the information provided is *truthful and accurate*. In addition, you are indicating that you have carefully read and agree to abide by the MTAC State Bylaws and Code of Ethics and the Bylaws of the Branch you choose to join.
- 4) **Send Your Completed Application to MTAC:** Please send the following documents to the MTAC State Office:
  - a. The completed and signed application form (please keep a copy for your records).
  - b. A check payable to MTAC. Please refer to the MTAC "Fees & Dues" list on the website for exact amount: State Dues plus applicable Branch Dues plus non-refundable Application Fee).

# BUSINESS AFFILIATE MEMBERSHIP APPLICATION FORM

**Have you ever been a member of MTAC?**  Yes  No

If you answered "Yes," you may not use this form. Please file a **Reinstatement Application Form**.

**GENERAL INFORMATION (please type or print clearly):**

<b>Please complete:</b>			
Business Name as you would like it to be listed in the State Directory:			
Owner/Contact Name (if different): Ms. Mrs. Mr.			
Mailing Address			
City	State	Zip	Telephone Number
Email Address			Alternate Number (if any)

**BRANCH INFORMATION:**

<b>Choose whether you would like to join a Branch or become a Member-At-Large:</b>	
<input type="checkbox"/> I would like to affiliate with a <b>Branch</b> of MTAC (fee)	<input type="checkbox"/> I would like to affiliate as a <b>Member-At-Large</b> (not join a branch)
If you would like to join a Branch of MTAC, <b>please list your preferred Branch:</b>	
NOTE: To join more than one Branch (maximum of <u>five</u> ), you must pay the Branch Dues for each affiliated branch plus the Multi-Branch State Dues amount. Please list additional Branches here:	

- I. I have read and agree to abide by the State Bylaws and Code of Ethics of the Music Teachers' Association of California.**  Yes  No
- II. I declare that all the information provided is *truthful and accurate*. I understand that MTAC may verify this information, and that untruthful or misleading answers are cause for rejection of this application.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please print name: \_\_\_\_\_

Please send completed and signed application with payment (one check payable to MTAC for the non-refundable Application Fee, State Dues, and appropriate Branch Dues) to:

**MTAC Attention: Membership, 833 Market Street, Suite 900, San Francisco CA 94103**

----- OFFICE USE ONLY -----

State Dues	\$ _____	Date Received in State Office _____
Branch Dues	\$ _____	State Board Approval Date _____
State Application Fee	\$ _____	Acceptance Date _____
Total	\$ _____	Member ID Number: _____