

ALBERTA REGISTERED MUSIC TEACHERS' ASSOCIATION (1982)

APPLICATION FOR MEMBERSHIP (PROVINCIAL)

Name _____

Address _____

City/Province _____

Postal Code _____ Telephone Number _____

Fax Number _____ Email _____

(For Provincial Directory or ARMTA Business ONLY)

Have been a resident of Alberta since _____ Are you over the age of 17? _____

Upon acceptance to ARMTA, I would like to receive membership information from the following local branch: (Please circle your choice)

Calgary Edmonton Fort McMurray Lethbridge Lloydminster Medicine Hat Red Deer

1. NEW APPLICANTS

PLEASE GIVE DETAILS OF YOUR EDUCATION. BE SPECIFIC.

(Attach a separate sheet if necessary. Attach photocopied documentation)

Degrees/Diplomas/
Certificates

Date received

Subject Major or
Principal Instrument

Pedagogical
Examination

PLEASE GIVE DETAILS OF YOUR PROFESSIONAL MUSIC TEACHING EXPERIENCE. BE SPECIFIC

Dates

Places

Subjects Taught

Please see reverse to complete application.

Effective February, 2005

In what areas are you seeking registration? (Please circle)

A	Accordion	G	Guitar	PR	Piano Repertoire
Ac	Accompaniment	H	Harpichord	PT	Piano Technique
An	Analysis of 20 th Century Harmony	Im	Improvisation	Sf	Solfeggio
AT	History, Harmony, Analysis Counterpoint	K	Kodaly	SM	Suzuki Method
C	Composition	Ki	Kindermusik	Th	Theory/Rudiments
Cl	Clarinet	KN	Key Note Read	Tr	Trumpet
CM	Creative Music	M	Musicianship	V	Voice
Co	Cello	O	Organ	VC	Vocal Coaching
EM	Electronic Music	Och	Orchestration	Va	Viola
Fl	Flute	P	Piano	Vn	Violin
		Ped	Pedagogy	WW	Woodwinds
		Pop	Jazz & Popular Piano	Other	_____

2. APPLICANTS FOR REINSTATEMENT

Former members wishing to reinstate their membership have two options:

1. Reapply as a new member (submitting all documentation and information as indicated above).
2. Apply for reinstatement:
 - a) No documentation required
 - b) Two separate cheques
 - i) \$30.00 reinstatement fee
 - ii) Applicable annual membership fee (see below)

I hereby certify that the information presented on this document is correct. Should this application be successful,

I agree to abide by ARMTA's legislation and Code of Ethics.

Signature _____ Date _____

A copy of your qualifications and/or certification as a music teacher must accompany ALL NEW APPLICATIONS. **Incomplete applications will not be processed.**

Please return application materials to:

Dale Bawol
Administrator, ARMTA
PO Box 247 Stn Main
Edmonton AB T5J 2J1
Phone: 780 554 7682

www.armtaedmonton.ab.ca

Please submit separate cheques payable to
"ARMTA"

1. \$15.00 non-refundable application fee OR
\$30.00 reinstatement fee (No
documentation required)
- AND

2. \$110.00 (full-year provincial
fee, April 1 – March 31) Late fee \$10 if
received after April 15

OR

- \$55.00 (half-year provincial membership
fee, October 1 – March 31)

*(Membership fee to be returned if
application is unsuccessful)*