



Olds and District Music Teachers Association

Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Postal Code

Mailing Address:
(if different than above)

Street Address Apartment/Unit #

City Postal Code

Phone: _____
Home Cell

Email: _____

Web Address: _____

I give the ODMTA to share my contact information on their teacher referral lists on the ODMTA webpage and social media? YES NO

I give the ODMTA permission to share photos of ODMTA events that I may appear in on the ODMTA webpage and social media? YES NO

Education

Please list highest level completed in your primary discipline and from which institution (for example, RCM, Conservatory Canada, University, etc.) as well as any other info you consider relevant.

Instrument(s) and Levels Taught

Please list instruments and levels taught including theory levels if applicable.

Instrument: _____	Level: _____
Instrument: _____	Level: _____
Instrument: _____	Level: _____
Instrument: _____	Level: _____

Type of Membership

Full member (Minimum age of 18 and Level 8 RCM or equivalent). <input type="checkbox"/>
Student teacher (Minimum age of 14 and Level 6 RCM or equivalent). <input type="checkbox"/>

Membership Fees

Mail completed renewal form along with membership dues of \$40.00 (cheque made payable to ODMTA or e-transfer) to:

ODMTA
5310 Alder Close, Olds, Alberta T4H 1L4 or odmta.treasurer@gmail.com

Signature

Signature: _____ Date: _____

For office use only:

Date received _____

Membership fees included?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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