



Music Teachers' Association of California®

833 Market Street, Suite 900, San Francisco CA 94103 ♦ (800) 834-3340 or (415) 978-9668

www.mtac.org

BUSINESS AFFILIATE MEMBERSHIP APPLICATION

This form is for businesses, organizations, and institutions interested in supporting the purposes of MTAC and its Branches. *If you, or a teacher at your school or organization, wish to participate in MTAC programs, such as Certificate of Merit, or VOCE, please see mtac.org for individual membership information.*

For more information, please see the MTAC Bylaws.

Benefits of Business Affiliate Membership include:

- Listing in the annual **State Membership Directory**
- Member Discounts on:
 - Opportunities to exhibit or present at the annual MTAC Convention
 - Advertising via mailing lists and in MTAC publications, such as the *MTAC Convention Program Book* and *The California Music Teacher* magazine

OTHER INFORMATION FOR BUSINESS AFFILIATES

Business Affiliate Members may join up to five (5) Branches by paying Branch Dues for each Branch plus State Dues for each additional Branch desired. The Business Affiliate would be listed in the **State Membership Directory** within each Branch joined. Business Affiliates who choose not to join a Branch are listed in the **At-Large** section of the Directory.

IMPORTANT NOTICE REGARDING *CERTIFICATE OF MERIT & MTAC STATE PROGRAMS*

Music schools may become Business Affiliate Members; however, Business Affiliates are *not eligible to participate in MTAC State programs, such as Certificate of Merit and VOCE.*

Individual faculty or staff wishing to participate in these programs must apply for individual membership. Applications and information on fees, requirements and deadlines are available online at **mtac.org**.

INSTRUCTIONS

- 1) Please complete each question and print or type clearly; *incomplete applications will be returned.*
- 2) **Branch Membership:** If you wish to join a local Branch, please list the Branch. Business Affiliate Members may join up to five branches by paying *Branch and State Dues for each Branch* desired. 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 information provided is *truthful and accurate*, and that you agree to abide by the MTAC State Bylaws and Code of Ethics, including the Bylaws of the Branch you choose to join.
- 4) **Send Your Completed Application and Payment to the MTAC State Office, including:**
 - Completed and signed application form
 - Credit card payment or check payable to “MTAC” with the correct total amount - *State Dues, plus applicable Branch Dues, plus the non-refundable Application Fee* – *Incorrect payments will be returned; please see “Fees and Dues List” at mtac.org for correct fees. We do not accept post-dated or temporary checks without printed name and address. Credit cards that are declined or invalid will not qualify for deadline requirements.* If paying by credit card, please ensure that the number and account is valid.

BUSINESS AFFILIATE MEMBERSHIP APPLICATION

Have you ever been a Business Affiliate member of MTAC? Yes No

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

GENERAL INFORMATION

(Please type or print clearly; incomplete applications and/or payments will be returned)

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

BRANCH INFORMATION

Please indicate if you would like to join a Branch		<i>(Branch Fees Apply)</i>
Name of Branch:	<input type="checkbox"/> Member-At-Large (no Branch /fee)	
Please list additional Branches here: <i>(To join multiple Branches, (maximum of <u>five</u>), you must pay the Branch and State Dues for each additional Branch)</i>		

- 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.**

Signature: _____ **Date:** _____

Please send form & payment to: MTAC Membership, 833 Market Street, # 900, San Francisco CA 94103

*If paying by credit card, please list card number below
(We're sorry, but we do not accept American Express)*

Declined or invalid credit card payments will not qualify for deadline requirements. By providing credit card information below, you authorize payment of State and Branch Dues and Application Fee.

Credit Card #: _____ **Expiration Date:** _____

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

State Dues: \$ _____
Branch Dues: \$ _____
Application Fee: \$ _____

TOTAL DUE: \$ _____
Check # _____
Check \$ _____

Returned? _____
New Payment: _____

MTAC ID #: _____