



# 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](http://www.mtac.org)

## REINSTATEMENT APPLICATION FORM

This form is for former members of MTAC to reinstate their membership. *If you have never been a member of MTAC, please refer to [mtac.org](http://mtac.org) for information for new applicants.*

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

To be eligible for *Certificate of Merit* and other MTAC programs, this application and payment, **must be accurately completed and submitted** to the MTAC State Office by the appropriate deadline (**July 31<sup>st</sup>** for **Certificate of Merit**; **October 15<sup>th</sup>** for most other State Programs; please refer to the "MTAC Membership Application Schedule" at [mtac.org](http://mtac.org) for all deadlines).

*If you are applying close to the deadline, we recommend that you expedite mailing and confirm that all materials are received by the above dates. MTAC cannot make exceptions for materials that are late or lost in the mail.*

**Applications and/or payments that are completed incorrectly will be returned; correct forms and payments must be submitted by the required deadlines.** Applicants are responsible for ensuring valid payments are made by the deadlines. *Declined or invalid credit card payments or checks will not qualify for deadlines.*

**The MTAC Bylaws (Article IV, Section 19a) state that:** "Any member who resigned in good standing, or whose membership has expired due to non-payment of annual dues by the required deadline, may apply to the State Office for reinstatement of membership upon a form prescribed by the State Board of Directors."

### GENERAL INFORMATION *(please type or print clearly; incomplete applications and/or payments will be returned)*

Ms. Mrs. Mr. Dr.	Full Name: First, Middle, Last		
Please list name as you would like it to appear in the MTAC Directory, if different			Date of Birth
Current Mailing Address <i>(include apartment number, if any)</i>		City	State
			Zip Code
Email		Telephone	Alt. Telephone
Previous Membership Status			
Active Member <input type="checkbox"/> Provisional Member <input type="checkbox"/> Student Member <input type="checkbox"/> Cal Plan Member <input type="checkbox"/> Business Affiliate <input type="checkbox"/>			

### BRANCH INFORMATION

Please indicate if you would like to join a Branch <i>(Branch Fees Apply; Branch Membership is mandatory for CM)</i>	
Name of Branch:	<input type="checkbox"/> Member-At-Large (no Branch /fee)

- 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 the 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	\$ _____	Date Received in State Office	_____	ID#	_____
Branch Dues	\$ _____	State Board Approval Date	_____		
Reinstatement Fee	\$ _____	TOTAL \$ _____	Reinstatement Date	_____	