

# Oklahoma Music Teachers Association

affiliated with  
*Music Teachers National Association*

## Application for Membership

Miss, Mr., Mrs \_\_\_\_\_  
*Last Name First Name Middle Name*

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ *city zip code*

E-mail Address: : \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

Name of County: \_\_\_\_\_

Name of Local Association: \_\_\_\_\_

Teaching Fields for which certification is requested: \_\_\_\_\_  
*(if more than one field, include \$3.00 for each additional field)*

Teacher Preparation *(include all transcripts)*

Institution	Location	Dates	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Teaching Experience

Location	Dates
_____	_____
_____	_____
_____	_____

If currently a member of MTNA in another state, give name: \_\_\_\_\_

If previously a member of MTNA, give state name: \_\_\_\_\_

Are you interested in MTNA certification? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of New Member \_\_\_\_\_ Date \_\_\_\_\_

Send this copy to the Vice President for Membership and Certification.

\_\_\_\_\_  
To be completed by the Vice President for Membership and Certification:

Type of OMTA State Certification granted: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Date: \_\_\_\_\_

*Vice President for Membership and Certification:*