

National Association of Teachers of Singing, Inc.

For Office Use:

Region _____

Date received _____

M/Y Accepted _____

Application for Membership

(Please type or print clearly in dark ink. Application is photocopied for Membership Committee.)

Check Membership Category Requested

Full

Associate

Affiliate

Date _____

Applicants for Full or Associate Membership: Please complete entire application.

Applicants for Affiliate Membership: Complete only Section I. Please list the name and address of the organization with which you are affiliated and/or the field of activity in which you are engaged.

I. Member Information

Last Name	First Name	Middle Initial
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Street	City	State/Province	Postal Code	Country
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Date of Birth _____ Male Female Telephone Number _____

Month/Day/Year Area Code/Number

E-mail Address _____

Affiliate Connection _____

Organization Name and Address or Field of Activity (Affiliate applicants only)

Citizenship: USA Canada Other, specify _____

II. Vocal Training

List Teachers	City or Educational Institution	List Years	From/To
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. Education (Degree must be appropriate to the teaching of singing)

Degrees Earned (specify major), Academic Work, Certificates - List Schools and Years

Degree	Educational Institution	Date Received
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_____	_____	_____
_____	_____	_____
_____	_____	_____

(continues on back)



IV. Voice Teaching Experience (For Full Membership you must teach at least 6 voice students per week; please refer to the membership requirements)

City, State	Private and/or Institutions (give name)	List Month & Year From/To (be specific.)	Avg. # of private students weekly and/or # of class voice sections weekly
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V. Professional Singing or Coaching/Accompanying Experience

(Include ONLY if you are applying for Full Membership under requirement (5) c. and do not have a college degree as outlined in the Membership Requirements). RÉSUMÉS WILL NOT BE CONSIDERED FOR ANYONE APPLYING UNDER ITEMS(5)a, (5) b, or (5) d.

VI. Additional Data: Other Professional Memberships

Do you currently subscribe to the Journal of Singing? yes no If "yes", under what name? _____

(please check) I have read the Code of Ethics of the National Association of Teachers of Singing and hereby pledge my adherence to all of its provisions. I apply for membership in the National Association of Teachers of Singing, Incorporated and enclose the non-refundable application fee of \$20 and dues in US funds.

I understand that new members pay dues according to the following schedule:

Date of Application	Dues	Application Fee	Total	Check One
January 1 - June 30	\$80.00 (US)	\$20.00 (US)	\$100.00 (US)	<input type="checkbox"/>
	\$90.00 (Intl.)	\$20.00 (Intl.)	\$110.00 (Intl.)	<input type="checkbox"/>
July 1 - December 31	\$32.00 (US)	\$20.00 (US)	\$52.00 (US)	<input type="checkbox"/>
	\$36.00 (Intl.)	\$20.00 (Intl.)	\$56.00 (Intl.)	<input type="checkbox"/>

Thereafter, all member dues are payable by February 1.

IMPORTANT: Return this application, application fee and dues to:

NATS, 9957 Moorings Drive, Suite 401, Jacksonville, FL 32257, Phone: 904-992-9101, Fax: 904-262-2587

Make all checks or money orders payable to NATS. Payment of \$20 application fee and dues must be in US funds only. If paying by credit card, please fill in the following information: ____ VISA; ____ MasterCard (check one)

Name as imprinted on the card: _____

Card number: _____ Expiration date: _____

Signature: _____ Verification code: _____

3-digit number on back of card

APPROVED BY THE MEMBERSHIP COMMITTEE

DATE _____

Vice President for Membership

Revised August 2009

