



**MAPTA Membership Form – 2009-10**

Please complete the information below as you would like it to appear in the directory

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone(s) (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Two nearby schools \_\_\_\_\_

Area(s) of specialization (*three word limit*) \_\_\_\_\_

Other instruments taught \_\_\_\_\_

Please list me as a resource:    \_\_\_ Accompanist    \_\_\_ Organist    \_\_\_ Adjudicator

**Volunteer Service**

MAPTA operates by dedicated volunteers. To complete your form, please circle a minimum of **two** areas of interest for which chairpersons may contact you to serve. Visit our website at [madisonpianoteachers.org](http://madisonpianoteachers.org) to learn about these and other service opportunities.

**A. Executive Board**

**B. Professional Goals**

**C. Continuing Education**

1. Fall Workshop
2. Monthly Programs / May Brunch
3. Performers Supporting Performers
4. Exploring Music Resources

**D. Publicity**

1. Membership / Directory
2. Referral
3. Nuances
4. Website

**E. Special Events**

1. Recitals / Adult Music Socials
2. Honors Festival
3. Young Composers Festival
4. Piano Play Together

Membership Dues (postmarked June 1 or later)	Discounted Dues (postmarked by May 31)	
<b>Please circle your membership category</b>		
\$60	\$48	<b>Active Piano Teachers (ACT)</b> Active Piano Teachers
\$130	\$105	<b>Institutional Members (INS)</b> Music dealers or schools with a piano education department ( <i>please list teachers on back of form for inclusion in directory</i> )
\$35	\$30	<b>Associate Members (ASM)</b> Non-teaching, Out of Area, Technicians, Music Dealers without a piano education department
\$25	\$25	<b>Student Members (STM)</b> Students of a university, college, or high school
Email (free) <input type="checkbox"/>	Print (\$15) <input type="checkbox"/>	<b>Nuances</b> (MAPTA's newsletter). Email copy is free (our preference), \$15 Fee covers 10 issues mailed to your home.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Name on Referral List? (New!)</b> This service now included with membership
		<b>Total Amount</b> (Please make checks payable to <b>MAPTA</b> )

**Thank you for your membership to MAPTA**

Mail your completed form with all dues to:

Denise Taylor  
MAPTA Membership  
1313 N. Westfield Rd.  
Middleton, WI 53562