

Dalcroze Society of America Tri-State Chapter, DSA Dual Membership Form

July 1, 2011 – June 30, 2012

Name: _____

	Home	Work
Address:	_____	_____
	_____	_____
Phone:	_____	_____
Email:	_____	_____

Please select your level of membership:

- | | |
|---|--|
| <input type="checkbox"/> Participating Member: \$75.00

<input type="checkbox"/> Student Member: \$45.00
(attending classes at least 3 hours/week; please include proof of registration) | <input type="checkbox"/> Patron Member: \$120.00 or more
(\$25 is applied to the Dalcroze Society Memorial Scholarship Fund and is tax-deductible)

<input type="checkbox"/> Institutional Membership: \$100 (and 20% off workshop fees for member institution's faculty) |
|---|--|

Please mark the most advanced Dalcroze training or certification you have received:

- One or more short Dalcroze workshops (institution/year: _____)
- Three-week summer courses (institution/year: _____)
- College coursework during academic year (institution/year: _____)
- Teacher training (institution/year: _____)
- Certificate (institution/year: _____)
- License (institution/year: _____)
- Diplome (institution/year: _____)

Please indicate your primary professional areas:

- | | |
|--|--|
| <input type="checkbox"/> College Professor (school: _____) <ul style="list-style-type: none"> <input type="checkbox"/> Instrumental/Vocal Performance <input type="checkbox"/> Music Education <input type="checkbox"/> Music Theory/Aural Skills <input type="checkbox"/> Music History <input type="checkbox"/> Conducting (choral/orch.) <input type="checkbox"/> Other: _____ <input type="checkbox"/> K-12 classroom music teacher
<input type="checkbox"/> Private instrumental/vocal teacher | <input type="checkbox"/> Performer (instrument: _____) <ul style="list-style-type: none"> <input type="checkbox"/> Chamber music <input type="checkbox"/> Church musician <input type="checkbox"/> Music therapist <input type="checkbox"/> Music psychologist <input type="checkbox"/> Dancer <input type="checkbox"/> Actor <input type="checkbox"/> Student (school: _____) <input type="checkbox"/> Other: _____ |
|--|--|

- Please check here if you are willing to have your email address shared with other Tri-State Chapter members.

Welcome to the Tri-State/DSA!

**Please make your check payable to the "Tri-State/DSA" and mail it with the completed form to:
Kathryn Jones, 74 Lincoln Avenue, Ardsley, New York 10502**