



MEMBERSHIP APPLICATION

NAME _____ YEAR _____
ADDRESS _____ CITY _____
HOME _____ CELL _____ ZIP CODE _____
EMAIL ADDRESS _____

NUMBERS OF YEARS TEACHING _____ NUMBER OF STUDENTS _____
LEVELS YOU TEACH _____
OTHER MUSIC CLUBS YOU BELONG TO _____

EDUCATION _____

REASON FOR JOINING _____
SUGGESTIONS & IDEAS _____

DUES: \$35 for 1 year; \$30 if paid by or at the September meeting.

Send completed application and payment to:

Beverly Cashin, CPTO Membership Coordinator

bevcash@cox.net or 216-548-3125

Dues Paid

Check # _____

Cash \$ _____