




Ontario Music Educators' Association

Name _____ New Membership Renewal
 Street Address _____ Apt. # _____ Box _____
 City _____ Prov. _____ Postal Code _____
 Home Phone (____) _____
 Institution/School _____ School Board _____
 Email Address _____

Summer Address (University Students - as of May 1st)

Street Address _____ Apt. # _____ Box _____
 City _____ Prov. _____ Postal Code _____

Membership* Type:	<input type="checkbox"/> Full* @ \$70 + 9. ¹⁰ HST = \$79. ¹⁰	<input type="checkbox"/> Student* @ \$35 + 4. ⁵⁵ HST = \$39. ⁵⁵	<input type="checkbox"/> Retired* @ \$45 + 5. ⁸⁵ HST = \$50. ⁸⁵	<input type="checkbox"/> Library Subscription @ \$65 + 8. ⁴⁵ HST = \$73. ⁴⁵ (Recorder Only)	<input type="checkbox"/> Corporate @ \$125 + 16. ²⁵ HST = \$141. ²⁵
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*as a provincial affiliate, the OMEA membership fee includes a paid membership in the CMEA. 

Payment Method: Visa Mastercard Expiry Date _____ Cheque
 Credit Card #: _____
 Signature: _____ Charitable Donation to OMEA? \$ _____

Position: <input type="checkbox"/> Classroom <input type="checkbox"/> Educational Assistant <input type="checkbox"/> Dept. Head/Chair <input type="checkbox"/> High School Student <input type="checkbox"/> Consultant <input type="checkbox"/> University Student <input type="checkbox"/> Co-ordinator <input type="checkbox"/> Superintendent <input type="checkbox"/> Principal <input type="checkbox"/> Work from home <input type="checkbox"/> Vice-Principal <input type="checkbox"/> Itinerant <input type="checkbox"/> Professor <input type="checkbox"/> Other _____	Level: <input type="checkbox"/> Primary (K-3) <input type="checkbox"/> Pre-school <input type="checkbox"/> Junior (4-6) <input type="checkbox"/> College <input type="checkbox"/> Intermediate (7-8) <input type="checkbox"/> University <input type="checkbox"/> Secondary (9-12) <input type="checkbox"/> Other _____
Category: Load: <input type="checkbox"/> Public <input type="checkbox"/> Full time <input type="checkbox"/> Catholic <input type="checkbox"/> Part time <input type="checkbox"/> Private <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ <input type="checkbox"/> Looking for work	Teaching Focus: <input type="checkbox"/> General Music <input type="checkbox"/> Guitar <input type="checkbox"/> Kodaly <input type="checkbox"/> Jazz-Vocal <input type="checkbox"/> Orff <input type="checkbox"/> Jazz-Instrumental <input type="checkbox"/> Instrumental -Band <input type="checkbox"/> Ukulele <input type="checkbox"/> Instrumental -Orchestra <input type="checkbox"/> Recorder <input type="checkbox"/> Choral <input type="checkbox"/> MIDI/Music Technology <input type="checkbox"/> Keyboard <input type="checkbox"/> Integrated Arts <input type="checkbox"/> Music Production <input type="checkbox"/> Other _____

I would be willing to participate in valid research projects supporting Canadian music education

Please Mail To:
 Alan Macdonald, Membership Services Director
 954 Millhaven Road, Odessa, ON K0H 2H0