



# ONTARIO MUSIC EDUCATORS' ASSOCIATION MEMBERSHIP FORM

(Please print and mail to the address below)

Name \_\_\_\_\_

New Membership     Renewal

Street Address \_\_\_\_\_

Apt. # \_\_\_\_\_ Box \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Home Fax (\_\_\_\_) \_\_\_\_\_

Institution/School \_\_\_\_\_

School Board \_\_\_\_\_

Email Address \_\_\_\_\_

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

Street Address \_\_\_\_\_

Apt. # \_\_\_\_\_ Box \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_

Membership\* Type:     Full\* @ \$75.00     Student\* @ \$38.00     Retired\* @ \$50.00

Library Subscription @ \$65.00 (Recorder Only)     Corporate @ \$125.00

\* as a provincial affiliate, the OMEA membership fee includes a paid membership in the CMEA.



Payment Method:     Mastercard

Visa

Expiry Date \_\_\_\_/\_\_\_\_

Cheque

Credit Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Charitable Donation to OMEA? \$ \_\_\_\_\_

<b>Position:</b> <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 _____		<b>Level:</b> <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 _____	
<b>Category:</b> <input type="checkbox"/> Public <input type="checkbox"/> Catholic <input type="checkbox"/> Private <input type="checkbox"/> Other _____		<b>Load:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Looking for work	
<b>Teaching Focus:</b> <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:

Carolyn Otto, Membership Services Director,  
255 Boland Avenue, Sudbury, Ontario P3E 1Y1

co:11/24/08