



CAMSA Teacher Membership Form

Mail this completed form to: Marsha Martin, CAMSA Treasurer, 178 Great Road, Maynard, MA 01754. Enclose your check for the membership fee of \$45.00 made payable to CAMSA.

Teacher's Name _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone(s) _____

E-mail _____

Website (if applicable) _____

Teaching field _____

Ages you teach _____ Level you teach _____

Where you teach _____

Other information you would like listed: (e.g. Chamber music, performing and/or coaching; Accompanying; Music Theory; Conducting; Lessons in student's home; etc.; Special Needs)

Other professional organizations to which you belong:

Today's Date _____