

Honolulu Piano Teachers Association (HPTA): Membership Form

Name _____
Last First Middle

- If you are a renewing your membership, please indicate any information you want **changed** from the last directory. If the published information is correct, please skip to the type of membership you're paying for.
- If you are a new member, please fill out the entire form.

Residence Address
this is my mailing address () _____
Street City Zip

Business Address
this is my mailing address () _____
Street City Zip

Home Phone _____ **Work Phone** _____ **Fax** _____

Cell phone _____ **Web Address** _____

Email Address _____

College/Conseatory: _____

Degree: BA / BEd / BM / MM / DMA in _____

Teacher you studied with: _____

College/Conseatory: _____

Degree: BA / BEd / BM / MM / DMA in _____

Teacher you studied with: _____

College/Conseatory: _____

Degree: BA / BEd / BM / MM / DMA in _____

Teacher you studied with: _____

Specializing in _____

Social Media _____

Please indicate the information you would like to be listed in our next membership directory below:

___ Res. Address ___ Bus. Address ___ Home Phone ___ Work Phone ___ Fax ___ Email ___ Degree(s)

___ Social Media ___ Cell phone ___ Web address ___ Specializing in

Type of Membership

___ **Full \$48** (Applicant shall be a graduate of a recognized reputable college or conservatory of music or in lieu of a college degree, applicant shall submit a written statement of completion of a minimum of 4 years of private piano study beyond high school level with a recognized teacher and the equivalent of a minimum of 2 years in special courses covering piano pedagogy theory and music history.)

___ **General \$36** (Non-teacher who supports the HPTA program and purposes)

___ **Student \$18** (Age ___ Currently studying with _____)

Optional Membership Benefit

___ Group rate subscription to the *Clavier Companion* (\$20) starting in April. (US addresses only)

Membership Participation

Please check a committee below that you would like to join to make HPTA a productive and effective organization.

___ public relations/publicity ___ scholarship ___ membership ___ hospitality/social

___ newsletter ___ special events ___ communication (phone tree, e-mail)

Applicant's Signature _____ **Date** _____

Please: Make checks payable to HPTA

Return this form to Jessica Choi, 91-1069 Kamailio St., Ewa Beach HI 96706