

Membership Application

Please Print this page out and mail it to us.



Application for Membership

Data For Guild Files
Minimum Age--18 years

Rejoining Member: Yes() No()

New Member: Yes() No()

Name: (Dr., Mr., Mrs., Ms.) _____

Street: _____

City: _____

State: _____

Zip: _____

Home Phone:(____) _____

Work Phone:(____) _____

Email Address: _____

Audition Center (or nearest metropolitan area): _____

Please complete the above data carefully. Additional information:

Piano study with: _____

Where studied and degree (if any): _____

Number of years teaching piano: _____

I herewith apply for active membership in the National Guild for the 2019 fiscal year, ending June 30th thereof, for which I am enclosing the USA annual dues of \$85.00 (Canada & Mexico \$95.00; Foreign \$110.00).

I have read the privileges of Guild members as published in the Guild Syllabus.

Signed: _____

Mail to:

National Guild of Piano Teachers
Teacher Division of The American College of Musicians
P.O. Box 1807
Austin, Texas 78767-1807

Rejoining Members: Please indicate name under which previous membership appeared:

New Members: I have been referred by: _____