



# Dalcroze Society of America

## Membership Form: July 1, 2009 – June 30, 2010

Name	
Home Address	Work Address
Home Phone	Work Phone
Personal E mail	Work E mail

### Please select your level of membership. (All levels now include FIER dues.)

- |   |  |
|---|--|
| <input type="checkbox"/> Participating Member: \$52.00  | <input type="checkbox"/> Canadian/Foreign Member: \$67.00  |
| <input type="checkbox"/> Student Member: \$32.00<br>(enclose photocopy of most recent school ID)  | <input type="checkbox"/> Institutional/Library Membership: \$92.00   |
| <input type="checkbox"/> Patron Member: \$77.00 or more<br>(\$25 is applied to the Dalcroze Society Memorial<br>Scholarship Fund and is tax-deductible) | <input type="checkbox"/> Additional contribution to Dalcroze Society<br>Memorial Scholarship Fund:<br>\$ _____ |

### Please mark the most advanced Dalcroze training or certification you have received:

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> One or more short Dalcroze workshops    | institution/year: _____ |
| <input type="checkbox"/> Three-week summer courses               | institution/year: _____ |
| <input type="checkbox"/> College coursework during academic year | institution/year: _____ |
| <input type="checkbox"/> Teacher training                        | institution/year: _____ |
| <input type="checkbox"/> Certificate                             | institution/year: _____ |
| <input type="checkbox"/> License                                 | institution/year: _____ |
| <input type="checkbox"/> Diploma                                 | institution/year: _____ |

### Please indicate your primary professional areas:

- |   |  |
|---|--|
| <input type="checkbox"/> College Professor [school: _____]  | <input type="checkbox"/> Performer [instrument: _____] |
| <input type="checkbox"/> Instrumental/Vocal Performance     | <input type="checkbox"/> Chamber music                 |
| <input type="checkbox"/> Music Education                    | <input type="checkbox"/> Church musician               |
| <input type="checkbox"/> Music Theory/Aural Skills          | <input type="checkbox"/> Music therapist               |
| <input type="checkbox"/> Music History                      | <input type="checkbox"/> Music psychologist            |
| <input type="checkbox"/> Conducting (choral/orch.)          | <input type="checkbox"/> Dancer                        |
| <input type="checkbox"/> Other: _____                       | <input type="checkbox"/> Actor                         |
| <input type="checkbox"/> K-12 classroom music teacher       | <input type="checkbox"/> Student [school: _____]       |
| <input type="checkbox"/> Private instrumental/vocal teacher | <input type="checkbox"/> Other: _____                  |

Local chapter affiliation, if any: \_\_\_\_\_

**Welcome to the DSA! Please mail this completed form with your check to:  
Maggie Corfield-Adams, 18022 Chalet Dr. Apt. 102, Germantown, MD 20874.**