

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.)

- Participating Member: \$40
 Student Member: \$25
 (enclose photocopy of most recent school ID)
- Patron Member: \$75
 (\$35 is applied to the Dalcroze Society Memorial Scholarship Fund and is tax-deductible)
- Additional contribution to Dalcroze Society Memorial Scholarship Fund:
 \$ _____

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

- One or more short Dalcroze workshops institution/year: _____
 Three-week summer courses institution/year: _____
 College coursework during academic year institution/year: _____
 Teacher training institution/year: _____
 Certificate institution/year: _____
 License institution/year: _____
 Diploma institution/year: _____

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 License institution/year: _____
 Diploma institution/year: _____

Please indicate your primary professional areas:

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

Local chapter affiliation, if any: _____

**Please make your check payable to the "DSA" and mail it with the completed form to:
 Kathryn Jones, 74 Lincoln Avenue, Ardsley, New York 10502.**

Welcome to the DSA!