

Southeast Texas Suzuki Association
TEACHER MEMBERSHIP APPLICATION

Name: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ State ____ Zip _____

Studio/Teaching location(s)- please list the name(s) of your studio, school, or school district where you teach and the city it is located in): _____

Instrument(s) Taught: violin viola cello bass
 harp guitar piano other: _____

I would like to be listed on the STXSA Teacher List in the STXSA Information book and STXSA website for prospective students/parents. Yes No

Membership Status (check one)

- Active Member: may vote and hold office. Member's students may attend STXSA events and workshops. Must serve on at least one committee per year. Must be a current member of the Suzuki Association of the Americas (SAA). Join online at www.suzukiassociation.org.
SAA Member Number: _____
- Supporting Member: does not vote or hold office, encouraged but not required to serve on a committee. Member's students may not participate in STXSA events or workshops. Member may attend STXSA Teacher Development workshops with no additional charge. Encouraged but not required to join SAA.

Committees- I am interested in being on the following committees (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Chamber Music | <input type="checkbox"/> Spring Workshop | <input type="checkbox"/> Publicity/Social Media |
| <input type="checkbox"/> Community Service Concerts | <input type="checkbox"/> Winter Workshop | <input type="checkbox"/> Historian |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Teacher Development | <input type="checkbox"/> Yearbook/Teacher Handbook |
| <input type="checkbox"/> Graduation | <input type="checkbox"/> Parent Development | <input type="checkbox"/> Violin/viola committee |
| <input type="checkbox"/> Musicales | <input type="checkbox"/> Student Scholarships | <input type="checkbox"/> Cello Committee |
| <input type="checkbox"/> Play-ins | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Piano Committee |
| <input type="checkbox"/> Ribbon Festival | <input type="checkbox"/> Website | <input type="checkbox"/> Other: _____ |

| | | |
|----------------|--|----------|
| Payment | STXSA yearly Membership Dues | \$ 35.00 |
| | Donation to STXSA General Fund | \$ _____ |
| | Donation to STXSA Scholarship Fund | \$ _____ |
| | Total Payment | \$ _____ |

Please mail completed form and check payable to STXSA to Rachel Carlton: 3605 Choctaw Dr. La Porte, TX 77571

The undersigned, on behalf of himself or herself hereby release and discharge STXSA and its officers, employees, agents and assigns (referred to herein as "STXSA") of and from all claims, liabilities, and causes of action for damages and injuries including those caused by any act or failure to act, negligence, willful misconduct, breach of contract, product liability or violation of statute arising from or relating to the undersigned and/or the participants' attendance and participation in the event described above. I agree to indemnify STXSA and hold it harmless from all such losses, liabilities, damages, claims and actions including legal fees and fees of defense arising out of any STXSA event (workshop/class/concert/play-in/etc.). The undersigned, further consents, on behalf of himself or herself, to STXSA's use of photos, videos or recordings of the undersigned and/or the participant from any STXSA event for publicity for the organization in print or electronic media.

Signature _____ Date _____