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MEANYC Membership Application

Please mail completed form along with a check made payable to MEANYC to:

MEANYC Membership
c/o Patricia Peltz
372 Fifth Avenue, #5N
New York, NY 10018

Application Date: _____

Check here if information has not changed since last year.

PERSONAL INFORMATION

Salutation Mr. Mrs. Ms. Dr.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zipcode _____

Phone (select best) Home Business Cell Phone _____

E-mail Address* _____

NYCDOE E-mail Address _____@schools.nyc.gov

MEMBERSHIP CATEGORY

(Membership is valid for one year.)

Educator: \$25 Retired: \$15 School/Corporation: \$75 College Student: Free

Name of School or Organization _____

Level: Elementary Middle School/Junior High School High School College

Teaching Area(s): Vocal Strings Winds Percussion Core (GM)

ADDITIONAL INVOLVEMENT

I'm interested in joining a committee.

I'd like to contribute to the MEANYC Scholarship Fund

\$10 \$25 \$50 \$_____ Other amount

"In Pursuit of Quality Music Education for All Children"