

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

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:
Kathryn Jones, 74 Lincoln Avenue, Ardsley, New York 10502.**