

MN Music Teachers Association  
 Affiliated with Music Teachers National Association



**APPLICATION FOR UPGRADE**

\_\_\_\_\_  
**Name** (Title, First Name, Middle Init., Last Name) \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Street Address** **City/State** **Zip**

(\_\_\_\_\_) \_\_\_\_\_  
**Home Phone** **E-mail Address**

***DOCUMENTATION MUST ACCOMPANY THIS APPLICATION.***

Submit a college transcript that shows the highest degree earned.

Transcript being submitted from \_\_\_\_\_

Check present membership category: Instrument (or voice): \_\_\_\_\_  
 Associate  Associate Certified  Certified

Check category for which you are now applying: Instrument (or voice): \_\_\_\_\_  
 Certified  Master Certified

**Education**

List colleges, universities, and other schools you have attended. If you did not receive a degree or diploma from one or more of these institutions, write "none" in the last column. ***Documentation must accompany this application.***

Name of School	Location (City & State)	Yrs Attended (Dates)	Name of Degree or Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(over)

**Applied Music Courses** (Please complete if you DO NOT have a music degree.)

Complete this portion only if you have a pedagogy certificate or completion of the following courses: *Applied Music*, 6 semesters or 9 quarters; *Music Theory*, 2 semesters or 3 quarters; *Music History/Literature*, 2 semesters or 3 quarters; *Pedagogy*, 1 semester or 2 quarters. Give information concerning all instruction received for credit.

Instrument/ Voice	Teacher	Institution/Location (City & State)	Yrs Attended (Dates)	College Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Number of Years of Study \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please print your name exactly as you would like it to appear on your certificate:

\_\_\_\_\_

**Fees and Mailing**

Please include a check for ten dollars (\$10.00) made payable to MMTA and mail along with your application and documentation to:

**Sue Freeman Dopp**  
**MMTA Membership Certification Chair**  
**2821 Highlands Road**  
**Brooklyn Park, MN 55443**  
**763-493-5152**  
**sue.dopp@schmittmusic.com**

**For Certification Committee Use Only**

**Certified**

	Instrument/Voice	Category	Approved	Not Approved
1 <sup>st</sup> Subject	_____	_____	_____	_____
2 <sup>nd</sup> Subject	_____	_____	_____	_____
3 <sup>rd</sup> Subject	_____	_____	_____	_____

Certification Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

**Date Log**

Certification Chair Received \_\_\_\_\_ To Central Office \_\_\_\_\_