

# 2007-2008 MMTA High School Membership Application



High School Student membership: October 1 – September 30.

Name (Title, First Name, Middle Init., Last Name)

Date of Birth

Street Address

Phone

City

State

Zip Code

Email

Gender:  Male  Female

Teaching Field(s)

Year:  Freshman  Sophomore  Junior  Senior

Name/Location of High School

**Teacher: Please complete, sign and date:**

Teacher's Name (Title, First Name, Middle Init., Last Name)

Phone

Street Address

Email

City

State

Zip Code

Is teacher member of MMTA?  Yes  No

Number of years studied with present teacher? \_\_\_\_\_

I hereby certify \_\_\_\_\_ is currently my student, and will be studying with me throughout the upcoming year.

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Membership Fee:** \$10.00

**Payment:** Mail signed application and check (payable to MMTA) to: **MMTA Office • 3200 Galleria • Edina, MN 55435**

**Note:** \* High School Student Members and their students may participate in all MMTA programs  
\* High School Students are *not* members of *MTNA*, nor are their students eligible for participation in *MTNA* programs.