

TMTA Local Association Report

Report should be sent to TMTA office by May 1st.

Year _____

Association Name _____

Website address (if any) _____

Name and contact information of the person completing this form:

Address _____

Email _____ Phone _____

List any deceased members for this past year.

List the names of delegates and their alternates who will represent your association at the TMTA convention Delegate Assembly.

<i>Name of Delegate or Alternate</i>	<i>Designate</i>	<i>*Check if willing to be nominated for:</i>
_____	<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate	<input type="checkbox"/> Director <input type="checkbox"/> Nominations and Elections Committee
_____	<input type="checkbox"/> Delegate <input type="checkbox"/> Alternate	<input type="checkbox"/> Director <input type="checkbox"/> Nominations and Elections Committee
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*One **Director** shall be elected annually by the Delegate Assembly for a term of two years on the Executive Board and may not be reelected by the Delegate Assembly at any time. This Director may be elected by the general membership to a three-year term after not having served on the Executive Board for at least two years. The **Nominations and Elections Committee** shall consist of two representatives elected from and by the Past Presidents Council, three retiring directors from the TMTA Board, and one TMTA member elected by the Delegate Assembly.

Officers for _____
Name of Association Next Year

PLEASE MAKE SURE THIS LIST IS ACCURATE and COMPLETE.

***THESE NAMES WILL BE THE CONTACT INFORMATION FOR
 TMTA and MTNA FOR THE UPCOMING YEAR.***

Position	Name	Email address
President		
Treasurer		
Certification Chair		
Independent Music Teacher Forum Chair		
Newsletter Editor		
Student Affiliate Chair		
Ensemble Chair		
Original Comp Chair		
Performance Chair		
Publication Chair		
Theory Chair		
World of Music Chair		

OTHER OFFICERS:

NOTE: This page is optional and will be shared with other Local Associations.

Name of Association Year Number of Members

I. Membership requirements:

College Degree ____ Participation ____ Certification ____ None ____ Other ____

Please explain _____

Local Dues amount assessed by MTNA _____ Are there any other fees paid by teachers? Please explain _____

Do you have associate or honorary members? What is the criterion for these designations?

II. Does your association have a newsletter or other publication?

How often is it published? _____

Do you sell ads? If so what are the rates and deadlines? _____

III. Do you sponsor any local festivals or competitions? Describe each briefly; include type, level of playing, awards given, costs incurred and purpose of the event.

IV. List awards given by your association and recipients: (such as local Teacher of Year awards; scholarships) Include title and award amount.

V. Does your association have any fundraisers? Describe them briefly.

VI. List highlights of Local Association activities:

A. Continuing education/professional growth _____

B. Membership recruitment and retention activities and results _____

C. Student activities _____

D. Community involvement (i.e. activities with local college music departments, community service programs, retirement communities, etc.) _____

E. Other _____