

2024-2025
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 • 10800 Lyndale Ave S, Ste. 120 • Bloomington, MN 55420**

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.