

Louisiana Music Teachers Association
Save Our Students Fund

Application for Membership Fees Assistance

Name _____ Local Affiliate _____

Address _____

Phone _____ Email _____

Number of teaching years _____ Instrument/s _____

Have you been a member of MTNA previously? _____

When and for how long? _____

From what others jobs/endeavors do you receive income?

Are you married? _____ Is your spouse currently employed? _____

Do you have children? _____ If yes, please give age/s _____

Please explain briefly why you need financial assistance to pay your membership dues:

