



**CMEA** *The California Association for*  
**MUSIC**  
**EDUCATION**

736 RIDGE STREET P.O. BOX 2380 PORTOLA, CA 96122  
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**CMEA INSTITUTIONAL MEMBERSHIP FORM**

(Please Type or Print)

Name of School: \_\_\_\_\_

Principal: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Grades (Circle all that apply):

K 1 2 3 4 5 6 7 8 9 10 11 12

Type of school: public charter private

School District (if applicable): \_\_\_\_\_

School Activities Director: \_\_\_\_\_ Ph. \_\_\_\_\_

School Activities Director Email: \_\_\_\_\_

School Website Address: \_\_\_\_\_

Music Teacher One: \_\_\_\_\_ Assignment: \_\_\_\_\_

Music Teacher Two: \_\_\_\_\_ Assignment: \_\_\_\_\_

Other Music Personnel: \_\_\_\_\_

Institutional Membership dues for the academic year are \$95 per school. (Note: Institutional members who exhibited at a CMEA State conference had their dues included in the exhibitor fee.) Institutional memberships must be paid by school, district or booster check.

Send membership application and payment to: CMEA, P.O. Box 2380, Portola, CA 96122

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Office Use Only: