



EMBRACING THE NEW MUSIC EDUCATOR

MEMBERSHIP QUESTIONNAIRE

Please provide us with the following information for our database.

1. Are you currently teaching? Yes Full Time Part Time No

2. Please check areas of expertise (check ALL that apply):

	Elementary	Middle School	High School
Vocal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A cappella groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrumental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concert Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marching Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jazz Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orchestra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			

3. Are you an itinerant teacher? Yes No

4. Do you have your own classroom? Yes No

5. Are you requesting a mentor at this time? Yes No

6. As a mentee, what would be the most effective way for you to receive feedback?

Email Meetings Phone Video/Audio Review On-site observations

Name: _____ Email: _____

Phone: _____ Home Office Cell

Second phone (if applicable): _____ Home Office Cell

What is the **best** way to contact you? _____

If a request for a mentor is made, we shall provide you with the mentor's contact information.

We thank you,

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