

New Jersey Music Educators Association

Summer Workshop 2017 Registration

PLEASE PRINT CLEARLY:

Last Name First Na	me
Street Address:	
City: State:	Zip:
Phone number where you can be reached most easily: _()	
Is this a cell or landline (circle)? CELL LANDLINE	
Email address that will be accessed regularly:	
PROFESSIONAL INFORMATION	
Current School District:	
Current Teaching Assignment (check all that apply): Vocal In	strumental General Music
GuitarTheater Marching Band Jazz Band Coll	ege Student Other
Current teaching Assignment Grade Level (check all that apply): Pre-K K – 3 3 – 5	
6-89-12CollegeOther	
You must be a member of NAfME in order to participate – expiration date must be August 31, 2016 or later. Please supply your NAfME membership number:	
WORKSHOP INFORMATION	
Please indicate, in order of preference, your workshop interest (s):	
Classroom Music Instrumental Choral Technology Special Education	
Would you like to be included on the Colleague Networking list? Yes No	
Please mail this form, along with a check made payable to NJMEA, in the amount of	
\$80 before July 15 or \$100 July 16 – August 1 to: NJMEA Summer \ c/o Sue Mark	Norkshop

3 MacKenzie Ct. Sewell, NJ 08080