

**Texas Music Educators Association
Specialty Instrument
Registration Form**

Student Information

Applicant Name: (First, Last) _____

Address: _____

City: _____ Zip: _____

Home Phone w/ Area Code _____

Age _____ Gender: _____ Grade: _____

Instrument: _____

Applicant Signature: _____

School Information

School: _____ Principal: _____

School Address: _____

City: _____ Zip: _____

School Phone: _____ - _____ School District: _____

TMEA Region Number: _____

Director Information

Director's Name: _____ TMEA Number: _____

Email Address: _____

Directors Signature: _____

Director's Signature certifies student's eligibility under TMEA requirements

Return this form along with your recording to TMEA Headquarters, ATTN: Specialty Instrument, 7900 Centre Park Drive, Austin, TX, 78754 (if sent not using ground service, use this address: P.O. Box 140465, Austin, TX, 78714).

Postmark must be by December 15 to be eligible.