



Connecticut Music Educators Association

P.O. Box 174
Cromwell, CT 06416-0174

**School Association Fee Invoice
2020-21 School Year**

PLEASE READ INSTRUCTIONS BEFORE COMPLETING FORM.

Mail this invoice back to CMEA with your payment postmarked no later than **November 1, 2020**

PARTICIPATION REQUIREMENTS:

1. Only accredited Connecticut middle and high schools may be institutional members of CMEA and have students eligible to participate in CMEA Auditions and Festivals.
2. All participating music teachers must also hold current individual membership in NAFME/CMEA or pay a non-member surcharge of \$140.00 (equal to membership dues). Non-member surcharges should be paid with this invoice.
3. All participating teachers must follow policies as set forth by CMEA in the member teacher section on cmea.org.
4. Non-compliance with the requirements above and failure to follow instructions below will prohibit student participation.

INSTRUCTIONS: *If your building houses both middle and high schools, please submit separate forms.*

1. Complete all school and music staff information below and obtain your building administrator's signature.(required)
2. Use chart provided to determine the correct school association fee for your school.
3. Mail invoice and a check payable to CMEA or a Purchase Order Form to the above address postmarked by **Nov. 1, 2020**

School Information *Please Print*

School Name _____ CMEA Region _____

Street Address _____ Town _____ Zip _____

Administrator's Name _____ School Phone _____

Administrator's Signature (required) _____ * signature indicates understanding of the participation requirements as stated above and verifies that the music staff information provided below by your school is accurate.

Music Staff Information *Please Print*

Name _____

CMEA/NAFME Membership # _____ Email: _____

Teaching Area(s) *Check all that apply* Band Chorus Orchestra Jazz Other

Name _____

CMEA/NAFME Membership # _____ Email: _____

Teaching Area(s) *Check all that apply* Band Chorus Orchestra Jazz Other

Name _____

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Teaching Area(s) *Check all that apply* Band Chorus Orchestra Jazz Other

Name _____

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Teaching Area(s) *Check all that apply* Band Chorus Orchestra Jazz Other

Name _____

CMEA/NAFME Membership # _____ Email: _____

Teaching Area(s) *Check all that apply* Band Chorus Orchestra Jazz Other

2020-21 School Association Fee Schedule *Check one*

High School (determined by enrollment)

_____ 1-400 students.....\$275.00

_____ 401-1000 students.....\$300.00

_____ 1001-1500 students....\$325.00

_____ Over 1500 students.....\$350.00

Middle/Jr.High School

_____ contains 2 or more of grades 6,7,8...\$140.00

Elementary School *(if participating in MS festival)*

_____ Grade 6 only.....\$50.00