

FLORIDA VOCAL ASSOCIATION
**2009 – 2010 Jr. High / Middle School All-State
 Membership Application Form**

Directions:
 Fill out completely and
 return to District Chairman
 before the deadline
 designated by the district.

Check here if handicap access required

**Incomplete forms
 will be returned**

| | | | |
|------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| School Name: _____ | | FVA District #: _____ | |
| Street Address: _____ | | | |
| City: _____ | State: _____ | Zip: _____ | County: _____ |
| Director's Name: _____ | | School Phone: _____ Ext: _____ | |
| Home Phone: _____ | | School FAX: _____ | |
| Cell Phone: _____ | | Check grades in this school: <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | |
| Email Address: _____ | | Years director has taught in this school: _____ | |

| DESCRIPTION | QUANTITY | PER ENTRY | TOTAL |
|-----------------------------------------------------------------|----------|-----------------------|-------|
| All State Student Entry | @ | \$ 12.00 | = \$ |
| Please read p. 24 in the FVA handbook for # allowed at audition | | TOTAL ENCLOSED | \$ |

Please note:

- **PAYMENT MUST ACCOMPANY THIS FORM**
- Do not list student names or voice parts on this form.
- See Sections II-B and II-C of the FVA Handbook for details on additional application, registration, and audition procedures.
- No duplicated music is allowed / permitted!!!
- Applications will be accepted from current members only.

Deadline date for membership: September 15

I will take my students to district auditions and the final decision on which student(s) will receive seats will be made at the state level. I understand that I will be notified as to my school's eligibility for the final audition.

By submitting this application, I agree to abide by the rules of the All-State Clinic in the FVA handbook, and certify that the director is a member of FMEA/FVA.

Director's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

**Student names must also be registered through www.FVA.net no later than September 16.
 See instructions on the web site.**