Acceptance Form for Tri-M Student Membership

Return this completed form by **Friday, March 11, 2016** to **Mrs. Nancy Tabb.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of: (Check all boxes that apply.)

Band Choir Extracurricular Music Programs

List (if any) extracurricular music programs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that the minimum national criteria for Tri-M candidate consideration include: participation in a music class or ensemble for at least one semester of the school year, a B grade or better in music and a 2.00 or better grade overall, and continued character strength that includes demonstration of service, leadership, and cooperation. I agree to maintain these minimum national criteria, and any other criteria this chapter determines, and I understand that my membership can lapse if any of these criteria are not maintained. \_\_\_\_\_\_\_ (*Student Initials*)

Are you considering teaching music as a career? Yes No

**New Member Assignment-** Each candidate for student membership is required to perform an approved vocal or instrumental solo, duet, or perform in a larger ensemble for the IHSA Competition or before the Tri-M executive board and Chapter Advisor. A Solo/Ensemble is to be performed by Thursday, March 10 for the 2016-17 school year. If the student wishes, the performance may be played at the induction ceremony if the student is granted membership to the chapter. Performance material must be approved by Mrs. Nancy Tabb.

Solo Ensemble

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Composer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accompanist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand my acceptance as a member of the Tri-M chapter for East Aurora High School is subject to returning this form to the Chapter Advisor and completing the performance above.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_