

PEDAGOGY GROUP REGISTRATION FORM 2017

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Check this box if you are under 18:

Are you a registered member with ARMTA? YES \_\_\_\_\_ NO \_\_\_\_\_

If you marked NO previously, are you currently a student of an ARMTA member?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES please identify your teacher \_\_\_\_\_

**CONTACT INFORMATION:**

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

**REGISTRATION FEE DETAILS:**

Member Type	Drop-in Meeting Cost	All 9 Meetings Deal
ARMTA Affiliate	\$10	\$80
Non Affiliate	\$15	\$120

**\*PAYMENT:**

Date	Amount Paid	Receipt #

\_\_\_\_\_  
Signature/Guardian Signature

\*if paying for 9 Meeting Deal