

PEDAGOGY GROUP REGISTRATION FORM 2017-2018

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	Guest Lecture Cost
ARMTA Affiliate	\$10	\$15
Non Affiliate	\$15	\$20

Signature/Guardian Signature