

International Trombone Association

Dedicated to the Advancement of Trombone Performance, Pedagogy, Literature and Research

FORMING A LOCAL CHAPTER

- 1) Please complete this application form with a copy of your membership roster. All members of the Chapters must be members of ITA to receive your certification. You can join or renew your ITA membership online at anytime. Generally a minimum of 8 members is required to form a Chapter but all applications will be considered
- 2) You will receive your Chapter Certification from ITA with a few weeks
- 3) The chapter must meet to adopt a Constitution and Bylaws and elect Officers. A draft Constitution is available on the ITA website
- 4) A copy of the Chapter's Constitution and Bylaws must be sent to the Local Chapters Coordinator for approval by the ITA Board
- 5) The Chapter should submit an annual report detailing the elected officers of the Chapter

APPLICATION FORM

Name of Chapter _____

Address _____

City _____ State _____

Zip / Postal Code _____ Country _____

Website _____

Contact Person or Advisor _____

School (if applicable) _____

Address _____

City _____ State _____

Zip / Postal Code _____ Country _____

Phone _____

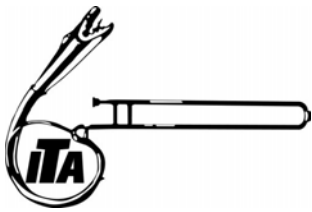
E-Mail _____

All individuals must be members of the International Trombone Association to receive an official chapter certificate.

Mail your Application Form **and** Membership Roster to:

Brian S. Brink
ITA Local Chapters Coordinator
Department of Music
Florida Southern College
111 Lake Hollingsworth Dr.
Lakeland, FL 33809
USA

chapters@trombone.net
<http://www.trombone.net/about/chapters/>



International Trombone Association

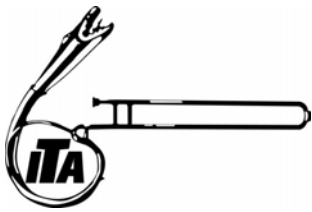
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ITA LOCAL CHAPTER MEMBERSHIP ROSTER (Page 1)

Name of Chapter _____

1.	Chapter Advisor _____ City and State _____ ITA Number (if known) _____
2.	Name _____ City and State _____ ITA Number (if known) _____
3.	Name _____ City and State _____ ITA Number (if known) _____
4.	Name _____ City and State _____ ITA Number (if known) _____
5.	Name _____ City and State _____ ITA Number (if known) _____
6.	Name _____ City and State _____ ITA Number (if known) _____
7.	Name _____ City and State _____ ITA Number (if known) _____
8.	Name _____ City and State _____ ITA Number (if known) _____
9.	Name _____ City and State _____ ITA Number (if known) _____
10.	Name _____ City and State _____ ITA Number (if known) _____

Please use additional sheets as required



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ITA LOCAL CHAPTER MEMBERSHIP ROSTER (Page 2)

Name of Chapter _____

11.	Name _____ City and State _____ ITA Number (if known) _____
12.	Name _____ City and State _____ ITA Number (if known) _____
13.	Name _____ City and State _____ ITA Number (if known) _____
14.	Name _____ City and State _____ ITA Number (if known) _____
15.	Name _____ City and State _____ ITA Number (if known) _____
16.	Name _____ City and State _____ ITA Number (if known) _____
17.	Name _____ City and State _____ ITA Number (if known) _____
18.	Name _____ City and State _____ ITA Number (if known) _____
19.	Name _____ City and State _____ ITA Number (if known) _____
20.	Name _____ City and State _____ ITA Number (if known) _____

Please use additional sheets as required