**NATS Membership Upgrade Request Form**

Member Name: Date:

**Instructions:** Please complete the following fields that reflect your ENTIRE vocal/piano training, education and teaching experience. Please make sure to follow the appropriate format. If you do not have enough space, you can add more lines at the bottom of each section.

| **Vocal/Piano Training** |
| --- |
| **#** | **Question** | **Answer** |
| 1 | Name of Teacher #1 |   |
| 2 | City or Educational Institution |   |
| 3 | Years studied with Teacher #1 (MM/YY to MM/YY) |   |
| 4 | Name of Teacher #2 |   |
| 5 | City or Educational Institution |   |
| 6 | Years studied with Teacher #2 (MM/YY to MM/YY) |   |
| 7 | Name of Teacher #3 |   |
| 8 | City or Educational Institution |   |
| 9 | Years studied with Teacher #3 (MM/YY to MM/YY) |   |
| 10 | Name of Teacher #4 |   |
| 11 | City or Educational Institution |   |
| 12 | Years studied with Teacher #4 (MM/YY to MM/YY) |   |
| 13 | Name of Teacher #5 |   |
| 14 | City or Educational Institution |   |
| 15 | Years studied with Teacher #5 (MM/YY to MM/YY) |   |

| **Education**  |
| --- |
| **#** | **Question** | **Answer** |
| 1 | Degree |   |
| 2 | Major |   |
| 3 | School |   |
| 4 | Year Earned |   |
| 5 | Degree |   |
| 6 | Major |   |
| 7 | School |   |
| 8 | Year Earned |   |
| 9 | Degree |   |
| 10 | Major |   |
| 11 | School |   |
| 12 | Year Earned |   |
| 13 | Degree |   |
| 14 | Major |   |
| 15 | School |   |

| **Voice Teaching/Coaching Experience**  |
| --- |
| **#** | **Question** | **Answer** |
| 1 | City, State #1 |   |
| 2 | Private and/or Name of Institution #1 |   |
| 3 | List Month and Year (be specific) MM/YY to MM/YY |   |
| 4 | Average number of private students weekly and/or number of class voice sections |   |
| 5 | City, State #2 |   |
| 6 | Private and/or Name of Institution #2 |   |
| 7 | List Month and Year (be specific) MM/YY to MM/YY |   |
| 8 | Average number of private students weekly and/or number of class voice sections |   |
| 9 | City, State #3 |   |
| 10 | Private and/or Name of Institution #3 |   |
| 11 | List Month and Year (be specific) MM/YY to MM/YY |   |
| 12 | Average number of private students weekly and/or number of class voice sections |   |
| 13 | City, State #4 |   |
| 14 | Private and/or Name of Institution #4 |   |
| 15 | List Month and Year (be specific) MM/YY to MM/YY |   |
| 16 | Average number of private students weekly and/or number of class voice sections |   |
| 17 | City, State #5 |   |
| 18 | Private and/or Name of Institution #5 |   |
| 19 | List Month and Year (be specific) MM/YY to MM/YY |   |
| 20 | Average number of private students weekly and/or number of class voice sections |   |

This form must be completed electronically. We cannot accept paper/mailed upgrade forms.

Please return the completed form via email ONLY to the Membership Coordinator: membership@nats.org.

Once completed and returned, this form will be sent to our Vice President of Memberships for review and approval. You should receive feedback within 7-10 business days regarding the approval of your upgrade request.

Thank you,

NATS Membership

membership@nats.org

904-992-9101