

FLORIDA VOCAL ASSOCIATION
**2008 – 2009 Senior High All-State
 Membership Application Form**

Directions:
 Fill out completely and
 return to District Chairman
 before the deadline
 designated by the district.

Check here if handicap access required

Incomplete forms
 will be returned

School Name: _____		FVA District #: _____	
Street Address: _____			
City: _____	State: _____	Zip: _____	County: _____
Director's Name: _____		School Phone: _____ Ext: _____	
Home Phone: _____		School FAX: _____	
Cell Phone: _____		Check grades in this school: <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Email Address: _____		Years director has taught in this school: _____	

DESCRIPTION	QUANTITY	PER ENTRY	TOTAL
All State Student Entry	@	\$ 12.00	= \$
Please read p. 25 of the FVA handbook for # allowed at audition		TOTAL ENCLOSED	\$

Please note:

- **PAYMENT MUST ACCOMPANY THIS FORM**
- Do not list student names or voice parts on this form.
- See Sections II-B and II-C of the FVA Handbook for details on additional application, registration, and audition procedures.
- No duplicated music is allowed / permitted!!!
- Applications will be accepted from current members only.

Deadline date for membership: September 15

I will take my students to district auditions and the final decision on which student(s) will receive seats will be made at the state level. I understand that I will be notified as to my school's eligibility for the final audition.

By submitting this application, I agree to abide by the rules of the All-State Clinic in the FVA handbook, and certify that the director is a member of FMEA/FVA.

Director's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

**Student names must be entered on-line through www.FVA.net.
 See instructions on the web site.**