



Florida School Music Association Application for Home Education Music Cooperative

The name of the organization shall be the Florida School Music Association, hereinafter designated as FSMA, or as the Association.

1. A "home education music cooperative" is a parent-directed community of individual home education students that provides opportunities in interscholastic music activities to those students and may include students in grades 6-12.
2. A fully completed application packet must be returned by mail to FSMA, 402 Office Plaza Dr., Tallahassee, FL 32301, so that it is received in the FSMA Office not later than September 15. Application packets received after this deadline may not be considered for membership in the current school year.
3. A fully completed application packet consists of this application form (all four pages) completed in its entirety and bearing all necessary signatures, and all required documentation,
4. Application can either be typed or handwritten. This application form is also a PDF document that can be typed on and printed.

School Year: 20____-20____

General Information		
Full legal name of home education music cooperative		
Mailing address (street, PO Box, route, etc.)	City	Zip code
Main cooperative telephone number ()	Main cooperative fax number	
Has cooperative been a member of FSMA before? <input type="radio"/> Yes <input type="radio"/> No If yes, what was the year of previous membership?		
Student population grades 6-12 as of March 1 in the previous school year	Projected student populations grades 6-12 for Fall semester	

Music Director		
Name of the person who will be conducting the performing ensemble in the current school year		
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev.		
Mailing address (street, PO Box, route, etc.)	City	Zip Code
Music Director's office phone number ()	Music Director's office fax number ()	
Music Director's home phone number (not for publication) MANDATORY ()	Music Director's cell phone number (not for publication) MANDATORY ()	
Music Director's office e-mail address		
Number of full years person has been a Music Director in the state of Florida:	Number of full years person has been a Music Director in another state:	

Performance Ensemble	
Performing Ensemble Title	
Number of students in performing ensemble	Rehearsals (number of minutes of instruction per week)

Designation of FSMA Representative

There must be a designated representative who will act as the official representative to the FSMA for the current school year. This individual will be the primary point of contact regarding FSMA matters and will be the addressee on all FSMA-provided material and information and will be the only person authorized to sign FSMA-required documents. Once designated, the FSMA Representative cannot be changed except in writing.

Name of the person who will be FSMA Representative in current school year
 Dr. Mr. Mrs. Ms. Rev.

Administrative position of FSMA Representative (check one)
 Principal Assistant Principal Music Director Other

FSMA Representative's office phone number ()	FSMA Representative's office fax number ()
FSMA Representative's home phone number (not for publication) MANDATORY ()	FSMA Representative's cell phone number (not for publication) MANDATORY ()

FSMA Representative's e-mail address

Signature (REQUIRED)
 _____ Date _____

Required Documentation

A fully completed application, must be accompanied by the following documentation. Check the required documentation that is enclosed:

Home school cooperatives please enclose:

- [Required] Minutes of meeting during which Governing Board approved school's membership in the FSMA and adopted FSMA Bylaws as rules governing cooperative's interscholastic extracurricular music activities
- [Recommended] Certificate of insurance for Catastrophic Accident and Disability Medical Coverage
- [Required] Photocopy of state of Florida Corporation Document
- [Recommended] Certificate of insurance for General Liability Coverage

Certification of Home Education Cooperative

Please accept this home education cooperative’s application for full membership in the Florida School Music Association hereinafter designated as FSMA, or as the Association, effective with the 20 ____-20 ____ school year. By my signature below I certify the following:

1. I have reviewed the information provided on this form and have found it to be complete and accurate to the best of my knowledge. I understand that this application will not receive consideration unless all required information and documentation are included.
2. I fully understand the obligations of membership in the FSMA. The obligations include:
 - (a) The obligation that the home education cooperative controls its interscholastic extracurricular music activities in accordance with the rules of the Association, and that the responsibility for this rests with the home education cooperative;
 - (b) The obligation that the home education cooperative complies with all rules of the FSMA, monitors its programs to assure compliance, and reports to the FSMA Office when compliance has not been achieved and take appropriate corrective actions;
 - (c) The obligation that the home education cooperative certifies the eligibility of all students, and does not permit a student to participate unless the student meets all eligibility requirements;
 - (d) The obligation that the home education cooperative fully cooperates with the FSMA in the investigation of any alleged violation.
 - (e) The obligation that the home education cooperative provides the necessary insurance coverage for itself and its students with at least the required minimums established by the FSMA Board of Directors;
 - (f) The obligation that the home education music cooperative establishes policies that promote ethical conduct in its interscholastic extracurricular music activities; and
3. I understand that this cooperative may be elected to provisional membership effective with the current school year if they meet the requirements for membership. Otherwise, this is a violation of Florida Statutes 1006.15 (5), (6), and (7).
4. I understand that this home education music cooperative must serve a provisional period. During this provisional period, this home education cooperative’s only privilege of membership will be participation in interscholastic extracurricular music activity participation with FSMA member schools in the state of Florida.

Signature

Date

Student Participants

List student names and grade levels below.

Student Name	Grade Level
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____
26. _____	_____
27. _____	_____
28. _____	_____
29. _____	_____
30. _____	_____