

American Choral Directors Association

Membership Application

Member No: _____ Name: Mr Ms Mrs _____

Home Address	Office Address
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Primary Address

Primary Address

Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

Zip: _____

Zip: _____

Country: _____

Country: _____

Phone _____

Phone _____

Email: _____

Email: _____

Fax _____

Fax _____

Check Member Type	Check All Choir Types	Check All Activity Areas
<input type="checkbox"/> Active US/Canada - \$75	<input type="checkbox"/> Children	<input type="checkbox"/> Elementary School
<input type="checkbox"/> Associate - \$75	<input type="checkbox"/> Boy	<input type="checkbox"/> Junior High/Middle School
<input type="checkbox"/> Student - \$30	<input type="checkbox"/> Girl	<input type="checkbox"/> Senior High School
<input type="checkbox"/> Retired - \$35	<input type="checkbox"/> Male	<input type="checkbox"/> ACDA Student Chapter
<input type="checkbox"/> Institutional - \$100	<input type="checkbox"/> Women	<input type="checkbox"/> Two-Year College
<input type="checkbox"/> Industry - \$125	<input type="checkbox"/> SATB/Mixed	<input type="checkbox"/> College/University
<input type="checkbox"/> Foreign Active Airmail - \$100	<input type="checkbox"/> Jazz	<input type="checkbox"/> Community Choir
<input type="checkbox"/> Foreign Active Surface - \$90	<input type="checkbox"/> Ethnic/Multicultural	<input type="checkbox"/> Music and Worship
<input type="checkbox"/> Life (\$200 Installments) - \$2000	<input type="checkbox"/> Showchoir	<input type="checkbox"/> Professional Choir
Installment Amount - _____		<input type="checkbox"/> Supervisor/Administrator
* Canadian Fees same as U.S.		<input type="checkbox"/> Youth & Student Activities

Additional Information

As an ACDA member, I will comply with the copyright laws of the United States of America as they pertain to printed music or the downloading of music off the internet. (Compliance with these laws is also a condition of participation by clinicians and performing ensembles that appear on any ACDA sponsored event or convention.)

Please print this application, fill it out completely and remit with a Check, Money Order, or Credit Card in USD (Payable to ACDA) to:
ACDA NATIONAL OFFICE
ATTN: MEMBERSHIP
PO BOX 2720
OKLAHOMA CITY OK 73101-2720

Please Select Payment Type: Discover MasterCard Visa

Credit Card #: _____ Expiration Date: ____ / 20 ____ (Month/Year)

Name of Card Holder: _____
 (Must be same as member's name)

Billing Address for Credit Card: _____

Signature: _____ Date: _____

I agree to pay above total amount according to card issuer agreement and acknowledge all sales are final unless duplicate payment is made.

