



# Membership Form

Online Renewal: [www.acda.org](http://www.acda.org)

Fax or mail:

ACDA

545 Couch Drive

Oklahoma City, OK 73102-2207

Phone: 405-232-8161 x110

Fax: 405-232-8162 (no cover sheet please)

[ldfrancis@acda.org](mailto:ldfrancis@acda.org)

1.  New Membership  Renewal: # \_\_\_\_\_ Please print clearly

## 2. Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Name

\_\_\_\_\_ Last Name

\_\_\_\_\_ Suffix

\_\_\_\_\_ Last 4 # of SSN

(If there are no changes in your membership info skip to #6)

## 3. Mailing Address

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State / Province: \_\_\_\_\_

Postal Code / Country: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

Primary Email: \_\_\_\_\_

I would like to receive email notifications from ACDA.

**4. Choir & Activity Types** - Mark your current areas of involvement. Mailings are based upon these selections

Primary: \_\_\_\_\_ Primary: \_\_\_\_\_

- Boy
- Children & Youth Community
- Ethnic & Multicultural
- Girls
- Jazz
- Men
- SATB / Mixed
- Show Choir
- Women
- ACDA Student Chapter
- College & University
- Community
- Elementary
- Junior High / Middle School
- Music in Worship
- Professional
- Sr. High School
- Supervisor / Administrator
- Two-Year College
- Youth & Student Activities

As a member, I support the mission and purposes of the American Choral Directors Association.

## 5. ACDA Membership - Including Choral Journal Subscription

Visit our web site for a description of these types. [www.acda.org/membership](http://www.acda.org/membership)

	One Year	Two Years	Three Years
Active (US and Canada).....	<input type="checkbox"/> \$95.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$285.00
Active Iowa..... (Active members who live in the state of Iowa)	<input type="checkbox"/> \$98.00	<input type="checkbox"/> \$196.00	<input type="checkbox"/> \$294.00
Active Minnesota..... (Active members who live in the state of Minnesota)	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$220.00	<input type="checkbox"/> \$330.00
International..... (Those outside the US & Canada - payment must be in U.S. dollars)	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$135.00
Retired.....	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$135.00
Retired Minnesota..... (Retired members who live in the state of Minnesota)	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$180.00
Student..... (full and part-time students at any level)	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$105.00
Associate..... (Choral Singers, Administrators & non-directors)	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$135.00
Associate Minnesota..... (Administrators & non-directors who live in Minnesota)	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$180.00
Institution..... (Ensemble or School/Church Music Dept.)	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$220.00	<input type="checkbox"/> \$330.00
Industry..... (Music-related businesses)	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$270.00	<input type="checkbox"/> \$405.00
Paying Life**..... (Make a lifetime commitment).....	<input type="checkbox"/> \$2,000.00 Annual Installment of \$200.00 or greater \$ _____		

\*\* (To qualify for life membership, you must have been an active member of ACDA for a minimum of 10 years)

Donation to the ACDA Endowment... \$ \_\_\_\_\_

## 6. Payment - Payable to ACDA in US Dollars. Endowment Donation \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Check # \_\_\_\_\_ (Enclosed) Do not fax if mailing a check  PO \_\_\_\_\_ (PO form & this form must arrive together)

Visa  MasterCard  Discover  American Express Membership will be renewed upon receipt of payment.

Expiration Date: \_\_\_\_ / 20 \_\_\_\_ CVV 2 Code: \_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to pay the total according to the credit card issuer agreement and acknowledge that all sales are final unless duplicate payment is made,