



Membership Renewal Form

A tax-exempt non-profit corporation founded in 1962

Name: _____ Email Address: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Web Address (if applicable): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Alternate Phone: _____

Please indicate your preferred method of communication:

- Email
- Postal Mail
- Both
- No Preference

Please select the appropriate Membership Category. *Membership is from 1 September - 31 August*

| <u>Category</u> | <u>Cost</u> | <u>Category</u> | <u>Cost</u> |
|-----------------------------------------------------------------------|-------------|-------------------------------------------------------------------------|----------------|
| <input type="checkbox"/> Student Member** | \$35.00 | <input type="checkbox"/> Sustaining Member | \$110.00 |
| <input type="checkbox"/> Adult Student Member | \$50.00 | <input type="checkbox"/> Sponsor | \$150.00 |
| <input type="checkbox"/> Regular Member | \$50.00 | <input type="checkbox"/> Patron | \$200.00 |
| <input type="checkbox"/> Foreign Member <i>(students and regular)</i> | \$65.00 | <input type="checkbox"/> Life Member | \$1000.00 |
| <input type="checkbox"/> Contributing Member | \$80.00 | <input type="checkbox"/> Benefactor <i>(includes a Life Membership)</i> | \$2000.00 |
| | | | <i>or more</i> |

*** Student Members are US based individuals who are age 21 or younger, or currently full time student in a college or university.*

Total Amount Due: \$ _____

Listed below are your current AHS Membership Directory Preferences. You may update your preferences by making corrections below:

- Listed in Directory? Yes No
- Telephone Number Included? Yes No
- Mailing Address Included? Yes No
- Email Address Included? Yes No

Please select your method of payment (Membership fees are non-refundable.):

- A check in US dollars drawn on a US bank is enclosed
- Please charge my credit card for the total amount due*

Card Owner's Name: _____ Date: _____

Card number: _____ Card Type: _____ Expiration Date: _____

Card Security Code (3 digits on signature strip for Visa/MasterCard or 4 digits on front for American Express): _____

Signature Authorizing Payment: _____

Return this form with payment to:

American Harp Society
624 Crystal Ave
Findlay, OH 45840

Renew online at www.harpsociety.org

*You may call the Executive Secretary with your credit card details at 805-410-HARP (4277) (phone).