



Membership Form

Name: _____ Member # if known _____

Email Address: _____

Website: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone 1: _____ Phone 2: _____ Chapter: _____

For renewals: Information in my profile ☐ has not changed ☐ has changed (as shown above)

MEMBERSHIP SELECTION

Memberships expire on the anniversary of your join date. Membership fees over \$50 are tax-deductible to the extent allowed by law and provide additional support for the programming of the AHS.

<u>Membership Dues</u>	<u>1 Year</u>	<u>2 Years</u>
Student (<i>Date of birth:</i> _____)* <input type="checkbox"/>	\$40 <input type="checkbox"/>	\$ 75 <input type="checkbox"/>
Regular <input type="checkbox"/>	\$60 <input type="checkbox"/>	\$110 <input type="checkbox"/>
Contributing <input type="checkbox"/>	\$90 <input type="checkbox"/>	\$170 <input type="checkbox"/>
Sustaining <input type="checkbox"/>	\$120 <input type="checkbox"/>	\$230 <input type="checkbox"/>
Sponsor <input type="checkbox"/>	\$175 <input type="checkbox"/>	\$340 <input type="checkbox"/>
Patron <input type="checkbox"/>	\$250 <input type="checkbox"/>	\$490 <input type="checkbox"/>
Life Member <input type="checkbox"/>	\$1,250 <input type="checkbox"/>	
Benefactor <input type="checkbox"/>	\$2,500 & up <input type="checkbox"/>	
	(includes Life Membership)	

	<u>1 Year</u>	<u>2 Years</u>
International member <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$140 <input type="checkbox"/>

Optional discount for members with international (only) addresses:

☐ Check here to receive the *Journal* in digital form only and save \$15/year in dues! Be sure to subtract the correct amount (\$15 or \$30) from your final payment below. ♦

** Student Members are age 21 or younger, or currently a full-time student in a college or university, with a US address. Please enclose proof of college enrollment if over age 21.*

PROFESSIONAL DIRECTORY LISTING (TEACHERS AND TECHNICIANS) ☐ \$40

Designed for teachers and harp technicians who wish to present their skills and services to the membership and general public. *Includes 12 months online listing on www.harpsociety.org and in two issues of **The American Harp Journal**.*

OPTIONAL DONATION

The AHS good faith estimate of the value of membership goods and services received is \$50. Memberships only partially fund the programs and services of the American Harp Society, Inc. Contributions beyond membership dues support the programs of the Society and are greatly appreciated.

Amount _____ Donation in recognition of _____

MEMBERSHIP DIRECTORY PREFERENCES *(first section required)*

☐ Please **do not list me** in the online Membership Directory *(leave remaining boxes in this section unchecked)*.

Check to Include in Directory

- | | | |
|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Name | <input type="checkbox"/> City | <input type="checkbox"/> Phone 1 |
| <input type="checkbox"/> Email | <input type="checkbox"/> State/Province | <input type="checkbox"/> Phone 2 |
| <input type="checkbox"/> Title | <input type="checkbox"/> Zip Code | <input type="checkbox"/> Website |
| <input type="checkbox"/> Photo | <input type="checkbox"/> Country | <input type="checkbox"/> Chapter |
| <input type="checkbox"/> Address | | |

Tell us more about yourself:

I am interested in . . .

- | | | |
|--|---|--|
| <input type="checkbox"/> classical music | <input type="checkbox"/> liturgical music | <input type="checkbox"/> therapeutic music |
| <input type="checkbox"/> popular music | <input type="checkbox"/> world music | <input type="checkbox"/> orchestral music |
| <input type="checkbox"/> jazz | <input type="checkbox"/> historical music | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> folk/Celtic music | | |
| <input type="checkbox"/> lever harp | <input type="checkbox"/> historic (i.e. chromatic, triple strung) | <input type="checkbox"/> electric harp |
| <input type="checkbox"/> pedal harp | <input type="checkbox"/> folk/ethnic (i.e. Paraguayan, Celtic) | <input type="checkbox"/> other _____ |

Please check all that apply . . .

- ☐ Harpist ☐ Student ☐ Teacher ☐ Professional ☐ Retired ☐ Composer ☐ Technician ☐ Friend of Harp

PAYMENT SUMMARY

Membership fee	\$ _____	
♦ International digital discount	\$ _____	<i>(for international members addresses only)</i>
Professional Directory	\$ _____	
Optional Contribution	\$ _____	
Total Due:	\$ _____	

☐ Please enroll my credit card to **automatically pay** future dues renewals. I may opt out at any time online or by phone.

Please indicate your method of payment (please note, 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 due.

Please PRINT clearly:

Card Owner's Name: _____ Date: _____

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

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

Signature Authorizing Payment

Please return this form with payment to:

American Harp Society, Inc.
PO Box 260
Bellingham, MA 02019-0260

By email: membership@harp society.org
By secure fax: (508)-803-8383
Or online: www.harp society.org/Membership