



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

Please check the desired membership category and term. Memberships expire on the anniversary of your join date.

Regular Membership

1 Year 2 Years

Regular Adult Member \$60 \$110

Student Member \$40 \$ 75

**(Date of birth: _____)

International (*outside of US, including Canada*)

Student or Adult Member \$75 \$140

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

Please enclose proof of college enrollment if over age 21.

(International students should register at the International Member rate.)

VIP Membership

1 Year 2 Years

Contributing VIP Member \$90 \$170

Sustaining VIP Member \$120 \$230

Sponsor VIP Member \$175 \$340

Patron VIP Member \$250 \$490

Life Member \$1,250

Benefactor \$2,500 & up (includes a Life Membership)

TEACHERS DIRECTORY LISTING \$40

Includes 12 months online listing 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. Membership fees over \$50 are tax-deductible to the extent allowed by law. Memberships only partially fund the programs and services of the American Harp Society, Inc. We welcome contributions in support of the programs of the Society, beyond your membership dues.

Amount _____ Donation in recognition of _____

MEMBERSHIP DIRECTORY PREFERENCES (first section required)

All checked fields on the next page will display in the online and print directories. Your city and state appear automatically if you check only "Name". (The annual print directory data is taken from and is identical to that in the online directory.) You may decline to be listed in the directories at all. Remember to **opt-in** if you wish to receive a printed Membership Directory.

Preferences

OPT-IN is required to receive a print Membership Directory: Yes, I would like to receive a print Directory.

Please do not list me in either the online or the print directory (leave remaining boxes unchecked).

Check to Include in Directory

- Name
- Email
- Title
- Photo (online only)

Check to Include in Directory

- Address
- City
- State/Province
- Zip Code

Check to Include in Directory

- Country
- Phone 1
- Phone 2
- Website
- Chapter

Please complete the following (optional):

I especially like to play . . .

- | | | |
|--|---|--|
| <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 | | |

I play the . . .

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> lever harp | <input type="checkbox"/> historic (i.e. chromatic, triple strung) harp |
| <input type="checkbox"/> pedal harp | <input type="checkbox"/> folk/ethnic (i.e. Paraguayan, Celtic) harp |

I am a (check all that apply) . . .

- Professional Teacher Student Adult Student Composer Friend of the Harp

PAYMENT SUMMARY

Membership fee \$ _____

Teacher's 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