



Membership Form

Online Renewal: 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)
 ldefrancis@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: _____
- | | |
|---|--|
| <input type="checkbox"/> Boy | <input type="checkbox"/> ACDA Student Chapter |
| <input type="checkbox"/> Children & Youth Community | <input type="checkbox"/> College & University |
| <input type="checkbox"/> Ethnic & Multicultural | <input type="checkbox"/> Community |
| <input type="checkbox"/> Girls | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Junior High / Middle School |
| <input type="checkbox"/> Men | <input type="checkbox"/> Music in Worship |
| <input type="checkbox"/> SATB / Mixed | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Show Choir | <input type="checkbox"/> Sr. High School |
| <input type="checkbox"/> Women | <input type="checkbox"/> Supervisor / Administrator |
| | <input type="checkbox"/> Two-Year College |
| | <input type="checkbox"/> 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

	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"/> \$135.00	<input type="checkbox"/> \$270.00	<input type="checkbox"/> \$405.00
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"/> \$95.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$285.00
Associate Minnesota..... (Administrators & non-directors who live in Minnesota)	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$220.00	<input type="checkbox"/> \$330.00
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)

6. Payment - Payable to ACDA in US Dollars. 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,