

# Membership Application

Use this application to join ASTA today or apply online at [www.astaweb.com](http://www.astaweb.com).

<input type="checkbox"/> New Member <input type="checkbox"/> Membership Renewal	Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail
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## Personal Information

Name _____	Prof. Affiliation _____
Address _____	Prof. Title _____
City, State, Zip, Country _____	Home Phone _____
_____	Work Phone _____
Date of Birth _____	Fax _____

## Membership Category

Check *only one*, dues paid annually.

- Professional..... \$93
- Dual..... \$130  
(Couples residing at same address. Requires two forms)
- Full-time Student (ID req.) ..... \$42
- Library Subscription ..... \$78
- Senior (age 62 or over) ..... \$66
- String Industry Council..... \$166, \$233, \$321

Anticipated Grad. Date (*students*) \_\_\_\_\_

## Other Memberships

- |                              |                                       |                               |
|------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> AHS | <input type="checkbox"/> MENC         | <input type="checkbox"/> SAA  |
| <input type="checkbox"/> ISB | <input type="checkbox"/> MTNA         | <input type="checkbox"/> IAJE |
| <input type="checkbox"/> CMA | <input type="checkbox"/> Other: _____ |                               |

Make a tax-deductible charitable contribution:

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$5 - \$25   | <input type="checkbox"/> \$26 - \$50 |
| <input type="checkbox"/> \$51 - \$100 | <input type="checkbox"/> Over \$100  |

Profession		Instrument	
<b>Primary</b> Check <i>only 1</i> primary profession	<b>Secondary</b> Check <i>any</i> secondaries that apply	<b>Primary</b> Check <i>only 1</i> primary instrument	<b>Secondary</b> Check <i>any</i> secondaries that apply
<input type="checkbox"/> Higher Education	<input type="checkbox"/>	<input type="checkbox"/> Violin	<input type="checkbox"/>
<input type="checkbox"/> High School	<input type="checkbox"/>	<input type="checkbox"/> Viola	<input type="checkbox"/>
<input type="checkbox"/> Middle/Jr. High School	<input type="checkbox"/>	<input type="checkbox"/> Cello	<input type="checkbox"/>
<input type="checkbox"/> Elementary School	<input type="checkbox"/>	<input type="checkbox"/> Double Bass	<input type="checkbox"/>
<input type="checkbox"/> School (Multi-Level)	<input type="checkbox"/>	<input type="checkbox"/> Guitar	<input type="checkbox"/>
<input type="checkbox"/> Private Studio	<input type="checkbox"/>	<input type="checkbox"/> Harp	<input type="checkbox"/>
<input type="checkbox"/> Performer	<input type="checkbox"/>	<input type="checkbox"/> Brass	<input type="checkbox"/>
<input type="checkbox"/> Conductor	<input type="checkbox"/>	<input type="checkbox"/> Keyboard	<input type="checkbox"/>
<input type="checkbox"/> Retired	<input type="checkbox"/>	<input type="checkbox"/> Percussion	<input type="checkbox"/>
<input type="checkbox"/> Music Administrator	<input type="checkbox"/>	<input type="checkbox"/> Woodwind	<input type="checkbox"/>
<input type="checkbox"/> String Enthusiast	<input type="checkbox"/>	<input type="checkbox"/> Other (please list)	<input type="checkbox"/>
<input type="checkbox"/> Student	<input type="checkbox"/>	_____	<input type="checkbox"/>

## Totals

Membership Category.....	\$ _____
Foreign Postage ( <i>US residents: postage included</i> ) (\$5 for Canada/\$10 for Other).....	\$ _____
ASTA Contribution.....	\$ _____
Membership Certificate (\$10 each) .....	\$ _____
<b>GRAND TOTAL</b> .....	<b>\$ _____</b>

To reduce risk of delay in processing your application, please complete all sections of this form. For information on Institutional Membership or the String Industry Council, call 703-279-2113 ext. 16. Dues are for individual membership only. Dues are nontransferable and nonrefundable. There is a \$27 charge for all items returned from the bank.

## Payment Information

Check made payable to ASTA    No. \_\_\_\_\_

Visa     MasterCard

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_    Sig. \_\_\_\_\_

Choose from the following those directories you wish to be excluded from:

- Online Membership Directory     Mailing Labels
- ASTA Email Announcements     Job Referral Bank

## Membership Applications Should Be Returned to:

ASTA Membership Department  
4153 Chain Bridge Road; Fairfax, VA, 22030  
Fax: 703-279-2114    Phone: 703-279-2113  
Or use your credit card to join online at [www.astaweb.com](http://www.astaweb.com).