



# 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	
Benefactor <input type="checkbox"/>	\$2,500 & up (includes Life Membership)	

	<u>1 Year</u>	<u>2 Years</u>
International members:		
Regular <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$140 <input type="checkbox"/>
Student ( <i>Date of birth: _____</i> )* <input type="checkbox"/>	\$55 <input type="checkbox"/>	\$105 <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. 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 memberships only)</i>
Professional Directory	\$ _____	
Optional Contribution	\$ _____	
<b>Total Due:</b>	\$ _____	

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 47  
Granby, MA 01033

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