



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)
membership@acda.org

- New Membership _____
 Renewal: # _____ (Please print clearly)

Name _____
 First Name Middle Name Last Name Suffix Last 4 # of SSN

(If there are no changes in your membership info skip to #6)

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.

Choir & Activity Types - Mark your current areas of involvement. Mailings are based upon these selections

- | | |
|---|--|
| Primary Choir Type: | Primary Activity Type: |
| _____ | _____ |
| <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 |

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"/> \$125. ⁰⁰	<input type="checkbox"/> \$250. ⁰⁰	<input type="checkbox"/> \$375. ⁰⁰
Active Iowa (Active members who live in the state of Iowa).....	<input type="checkbox"/> \$128. ⁰⁰	<input type="checkbox"/> \$256. ⁰⁰	<input type="checkbox"/> \$384. ⁰⁰
Active Minnesota (Active members who live in the state of Minnesota).....	<input type="checkbox"/> \$140. ⁰⁰	<input type="checkbox"/> \$280. ⁰⁰	<input type="checkbox"/> \$420. ⁰⁰
International (Those outside the US & Canada - payment must be in U.S. dollars).....	<input type="checkbox"/> \$45. ⁰⁰	<input type="checkbox"/> \$90. ⁰⁰	<input type="checkbox"/> \$135. 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"/> \$45. ⁰⁰	<input type="checkbox"/> \$90. ⁰⁰	<input type="checkbox"/> \$135. ⁰⁰
Associate Minnesota (Administrators & non-directors who live in Minnesota).....	<input type="checkbox"/> \$60. ⁰⁰	<input type="checkbox"/> \$120. ⁰⁰	<input type="checkbox"/> \$180. 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)

Donation: ACDA Endowment.....\$ _____ Fund for Tomorrow.....\$ _____

Payment - Payable to ACDA in US Dollars. **Total Amount Paid \$** _____

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,