

Membership Application

Use this application to join ASTA today or apply online at 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 _____
 Address _____
 City, State, Zip, Country _____

 Date of Birth _____

Prof. Affiliation _____
 Prof. Title _____
 Home Phone _____
 Work Phone _____
 Fax _____
 Anticipated Grad. Date (*students*) _____

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

Other Memberships

- AHS MENC SAA
 ISB MTNA IAJE
 CMA Other: _____

Make a tax-deductible charitable contribution:

- \$5 - \$25 \$26 - \$50
 \$51 - \$100 Over \$100

Profession		Instrument	
Primary	Secondary	Primary	Secondary
Check <i>only 1</i> primary profession		Check <i>only 1</i> primary instrument	
Check <i>any</i> secondaries that apply		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"/>	_____	_____

Totals

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

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.