



ASTA

Membership Application 2009

Please complete all of the sections below. To help reduce errors, please print clearly.

New Member Renewing Member (ASTA ID) _____ Referral Source _____

Full Name _____

Address _____

City, State, Zip _____

Home Telephone _____ Work Telephone _____

Fax _____ Email _____

Job Title _____ Professional Institution _____

Date of Birth _____ Anticipated Graduation Date (students) _____

Your Profession

Check only 1 primary profession
Check any secondaries that apply

Primary	Secondary
<input type="checkbox"/> Higher Education K-12	<input type="checkbox"/>
<input type="checkbox"/> High School	<input type="checkbox"/>
<input type="checkbox"/> Middle/Jr. High School	<input type="checkbox"/>
<input type="checkbox"/> Elementary School	<input type="checkbox"/>
<input type="checkbox"/> School (Multi-Level)	<input type="checkbox"/>
<input type="checkbox"/> Private Studio	<input type="checkbox"/>
<input type="checkbox"/> Performer	<input type="checkbox"/>
<input type="checkbox"/> Conductor	<input type="checkbox"/>
<input type="checkbox"/> Music Administrator	<input type="checkbox"/>
<input type="checkbox"/> String Enthusiast	<input type="checkbox"/>
<input type="checkbox"/> Student (any level)	<input type="checkbox"/>
<input type="checkbox"/> Retired	<input type="checkbox"/>

Your Instrument

Check only 1 primary instrument
Check any secondaries that apply

Primary	Secondary
<input type="checkbox"/> Violin	<input type="checkbox"/>
<input type="checkbox"/> Viola	<input type="checkbox"/>
<input type="checkbox"/> Cello	<input type="checkbox"/>
<input type="checkbox"/> Double Bass	<input type="checkbox"/>
<input type="checkbox"/> Guitar	<input type="checkbox"/>
<input type="checkbox"/> Harp	<input type="checkbox"/>
<input type="checkbox"/> Brass	<input type="checkbox"/>
<input type="checkbox"/> Keyboard	<input type="checkbox"/>
<input type="checkbox"/> Percussion	<input type="checkbox"/>
<input type="checkbox"/> Woodwind	<input type="checkbox"/>
<input type="checkbox"/> Other (please list) _____	<input type="checkbox"/>

Please check one:

Male Female

Primary focus:

Classical Non-Classical

Please indicate any directories from which you wish to be EXCLUDED:

- Online Membership Directory
- ASTA Email Announcements
- Mailing Labels (rented)

Membership Category Check only one, dues paid annually.

- Professional..... \$99
- Dual..... \$138
- Full-time Student (ID req.) \$35
(Please provide valid proof of student status for this special rate; otherwise, you will be charged the full Professional rate. Student membership includes only online access to the AST Journal)
- Full-time Student (ID req.) \$50
(This student membership includes the printed AST Journal)
- Library Subscription \$82
- Senior (age 62 or over) \$70
- High School Chapter..... \$66

For information on institutional membership, call 703-279-2113, ext. 16. Dues are for individual membership only. Dues are nontransferable and nonrefundable. There is a \$27 charge on items returned from the bank.

Electronic Voting

I hereby give my consent to participate in and receive electronic transmissions of election materials and electronic voting.

Yes No

Please send materials to the following email address:

Contribution to Foundation

Please support the educational programs of the National Foundation. Make a contribution and help provide instruments to needy students, fund instrument lessons for urban youth, and advance the ASTA mission.

Totals

- Membership Category..... \$ _____
- Foreign Postage (US residents: postage included) (\$5 for Canada/\$10 for all others)..... \$ _____
- Membership Lapel Pin (\$7 each)..... \$ _____
- ASTA Contribution..... \$ _____
- Membership Certificate (\$10 each)..... \$ _____
- GRAND TOTAL** \$ _____

Payment Information

- Check made payable to ASTA Check # _____
- VISA MasterCard
- Card # _____
- Exp. Date _____ Sig. _____

Membership applications should be returned to:
ASTA Membership Department 4153 Chain Bridge Road; Fairfax, VA 22030
Or use your credit card to join online at www.astaweb.com.