



ASTA

# Membership Application

## Your Personal Information

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 \_\_\_\_\_

Professional Title \_\_\_\_\_ Professional Institution \_\_\_\_\_

Date of Birth \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

### Your Profession

Check only 1 primary profession  
Check any secondaries that apply

Primary		Secondary
<input type="checkbox"/>	Higher Education	<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 (Multilevel)	<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"/>	Retired	<input type="checkbox"/>
<input type="checkbox"/>	Music Administrator	<input type="checkbox"/>
<input type="checkbox"/>	String Enthusiast	<input type="checkbox"/>
<input type="checkbox"/>	Student	<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"/>
_____		

### Other Memberships

- AHS                       ISB                       CMA
- MENC                     MTNA                    IAJE
- SAA                       Other: \_\_\_\_\_

### Contribution to Foundation

Make a tax-deductible charitable contribution.

- \$5 – \$25                       \$26 – \$49
- \$50 – \$100                    More than \$100

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

- Online Membership Directory
- ASTA Email Announcements
- Mailing Labels

## Membership Category Check only one, dues paid annually.

- Professional..... \$99
- Senior..... \$70
- Full-Time Student (ID req.) ..... \$30\*  
\*Student members only receive the AST journal online.  
(Please provide valid proof of student status for this special rate; otherwise, you will be charged the full Professional rate. Date of birth and anticipated graduation date must be completed above.)
- Dual..... \$138
- Library Subscription ..... \$82

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.

### IMPORTANT ALERT! RESPONSE NEEDED!

ASTA can now deliver messages and conduct association business online. By completing my email address below, I hereby give my consent to the electronic transmission of member materials and electronic voting regarding ASTA matters via the Internet at the following email address: \_\_\_\_\_

## Totals

- Membership Category..... \$ \_\_\_\_\_
- Foreign Postage ..... \$ \_\_\_\_\_  
(U.S. residents: postage included. \$5 for Canada/\$10 for Other)
- Membership Lapel Pin (\$7 each)..... \$ \_\_\_\_\_
- \$50 for 50 New Programs (\$50)..... \$ \_\_\_\_\_
- 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](http://www.astaweb.com).