



ASTA

# Membership Application 2009

\* Rates current July 1, 2009 – June 30, 2010.

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

New Member/Rejoining       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	<input type="checkbox"/>
<input type="checkbox"/> K-12 (select level)	<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"/> Piano	<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
- Senior (age 62 or over).....\$70
- Dual.....\$138
- Full-time Student (ID req.).....\$35  
(Please provide valid proof of student status for this special rate (school ID, birth certificate, school schedule, or transcript); otherwise, you will be charged the full Professional rate. Student membership includes only online access to the AST Journal)
- Library Subscription.....\$90
- High School Chapter.....\$66

For information on institutional or corporate 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).....	\$ _____
Membership Certificate (\$10 each).....	\$ _____
ASTA Contribution.....	\$ _____
<b>GRAND TOTAL.....</b>	<b>\$ _____</b>

### 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).