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)
ldefrancis@acda.org

1. ❑ New Membership ❑ Renewal: #_____ Please print clearly

2. Name _____ _____ _____ _____ _____ _____
Title First Name Middle Name Last Name Suffix Last 4 of SSN

3. Mailing Address

Address 1: _____

Address 2: _____

City: _____

State / Province: _____

Postal Code / Country: _____

Phone: (_____) _____

Fax: (_____) _____

Cell: (_____) _____

Primary Email: _____

Web Site: _____

❑ I would like to receive email notifications from ACDA.

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

Primary: _____

❑ Boy
❑ Children
❑ Ethnic & Multicultural
❑ Girls
❑ Jazz
❑ Men
❑ SATB / Mixed
❑ Show Choir
❑ Women

Primary: _____

❑ ACDA Student Chapter
❑ College & University
❑ Community
❑ Elementary
❑ Junior High / Middle School
❑ Music in Worship
❑ Professional
❑ Sr. High School
❑ Supervisor / Administrator
❑ Two-Year College
❑ Youth & Student Activities

☑ As an ACDA Member, I will comply with the copyright laws of the United States of America. (Compliance with these laws is a condition of participation by clinicians and performing ensembles that appear on any ACDA sponsored convention or event.)

5. 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
Donation to the ACDA Endowment $_____			
Active (US and Canada)	❑ $85.00	❑ $170.00	❑ $255.00
Active Iowa	❑ $88.00	❑ $176.00	❑ $264.00
International (Those outside the US & Canada)	❑ $110.00	❑ $220.00	❑ $330.00
Retired	❑ $45.00	❑ $90.00	❑ $135.00
Student (full and part-time students at any level)	❑ $35.00	❑ $70.00	❑ $105.00
Associate (Choral Singers, Administrators & non-directors)	❑ $85.00	❑ $170.00	❑ $255.00
Institution (School / Church Music Dept.)	❑ $110.00	❑ $220.00	❑ $330.00
Industry (Music-related businesses)	❑ $135.00	❑ $270.00	❑ $405.00
Life (Make a lifetime commitment)	❑ $2,000.00	Annual Installment of $200.00 or greater	$_____

6. Payment - Payable to ACDA in US Dollars. **Total: $**_____

❑ Check #_____ (Enclosed) Do not fax if mailing a check ❑ PO_____ (PO form & this form must arrive together)

❑ Visa ❑ MasterCard ❑ Discover 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,

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