AMERICAN CHORAL DIRECTORS ASSOCIATION

Membership Form – Refer a Colleague Program

Join online https://acda.org (then email us & tell us who referred you)
Fax or mail: ACDA, P.O. Box 1705, Oklahoma City, OK 73101-1705
Phone: 405-232-8161 x 110 Fax: 405-232-8162 Email: membership@acda.org

☑ I want to be a part of ACDA!

Have you ever been member? Tell us your member no. (contact us to retrieve it if needed): _____

Name: _____
Address: _____
_____
Telephone: _____
Email: _____

Choir Type: □ Boy □ Children & Youth Community
□ World Musics & Cultures □ Girls
□ Jazz □ Men/TTBB □ SATB/Mixed
□ Show Choir □ Women/SSAA

Are you joining ACDA because a colleague or friend referred you?

Please tell us their name and ACDA membership number so that we can thank you both (with a playlist from the 2019 national conference)! *(Reward offer good only for U.S. addresses, while supplies last)*

Name of your referrer:
_____:
Their ACDA member no.:_____

Activity Type: □ ACDA Student Chapter □ College & University □ Community □ Composer
□ Elementary □ Junior High/Middle School □ Music in Worship □ Professional
□ Sr. High School □ Supervisor/Admin. □ Two-Year College □ Youth & Student Activities

ACDA Membership – including *Choral Journal* subscription, among many other member benefits.
Visit our website for a description of these member types: www.acda.org.

Active (US and Canada) – (category for choral directors, full benefits)	□ $125
Retired	□ $45
Associate (choral singers, administrators & non-directors)	□ $45 (not all benefits of active membership apply – see www.acda.org for details)
Student (full-time students, or graduated within the past two years without a paid conducting position)	□ $15

Please note:
□ **All Minnesota members** please add **$15 per year** to your total (e.g., active = $140, retired = $60, associate = $60).
□ **Active members** in **Iowa**, please add **$3 per year** to your total (e.g., an active membership = $128).

Total Payment: $_____

Payment Method
□ Check (enclosed, payable to ACDA in US Dollars). Check number: _____
□ PO no. _____ (PO form & this form must arrive together. Membership will be activated upon receipt of payment.)
□ Please charge my credit card: □ Visa □ MasterCard □ Discover □ American Express
__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Expiration Date: __ __ / 20__ __ CVV2 Code __ __ __
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.

Name on card: _____ Signature: _____
Billing Address (if different from above): Date: _____
_____
_____