

Membership Form

Join or Renew Online at www.acda.org

Fax or Mail: ACDA • PO Box 1705 • Oklahoma City, OK 73101-1705 Phone: 405-232-8161 ext.110 • Fax: 405-232-8162 • membership@acda.org

I am a:

- ☐ New member
☐ Renewing member
If renewing, please provide
your membership number:

Name: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____ Zip/Postal Code/Country: _____

Email address: _____

Phone: _____ ☐ This is my cell phone

Membership Options

Please note: ACDA conferences are open only to members with individual membership and organizations that are exhibitors.

Individual Membership Categories

- ☐ **Active (U.S. and Canada)**.....\$125
(Full individual membership for professionals who earn an income from a choral position.)
- ☐ Minnesota Active members add chapter dues \$15
- ☐ **International (outside U.S. and Canada)** \$45
(Individual membership members with addresses outside the U.S. or Canada; online Choral Journal only.)
- ☐ **Retired**.....\$45
(Former ACDA members who no longer earn any income from a paid choral position.)
- ☐ Minnesota members add chapter dues \$15
- ☐ **Student**\$15
(Full-time students who earn no income from choral positions; online Choral Journal only.)
- ☐ **Associate**\$45
(Online benefits only.)
- ☐ Minnesota members add chapter dues \$15
- ☐ **Paying Life**\$200/yr
(An option for members who have held Active membership for 10 or more years; total payment = \$3,000.)

Organizational Membership Categories

- ☐ **Institution**\$135
(Choral ensembles or school/church choirs interested in exhibiting or advertising.)
- ☐ **Industry**\$150
(Music-related business interested in exhibiting or advertising.)

Dues Total \$ _____

Additional Donation

- ☐ **Fund for Tomorrow** (Invest in youth and children - www.fundfortomorrow.org).....\$ _____
- ☐ **ONE ACDA:**\$ _____

Total Payment..... \$ _____

Payment Information

Payable to ACDA in U.S. dollars.

☐ **Check** enclosed (check no.: _____)

☐ **Charge** \$ _____ to my:

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card no. _____

Expiration Date: _____

CVV2 Code: _____

Name on card: _____

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.

Signature: _____

Credit card billing address (if different from above):

☐ **PO** (Purchase order form and this membership form must arrive together.)

Professional Activities & Interests

Please circle 1 primary activity and 1 primary choir - place checks for any secondary interests.

Activity Type

- ☐ Elementary
☐ Jr High/Middle School
☐ Sr High School
☐ ACDA Student Chapter
☐ Two-Year College
☐ College/University
☐ Community
☐ Music in Worship
☐ Professional
☐ Supervisor/Administrator
☐ Youth/Student Services

Choir Type

- ☐ Boys
☐ Children
☐ Ethnic/Multicultural
☐ Girls
☐ Jazz
☐ Men
☐ SATB/Mixed
☐ Show Choir
☐ Women

Please note: Membership will be activated/renewed upon receipt of payment. Questions? Visit acda.org/membership or call the national office: (405) 232-8161, ext. 110.