

MEMBERSHIP FORM



1. CONTACT INFORMATION

Dr. / Mr. / Ms. / Mrs. (please circle one)

Name _____ Title _____

Organization Name _____

Address _____

City _____ St/Pr _____ Zip/Postal Code _____ County _____

Preferred Phone _____ Fax _____

Email _____ Website _____

Where did you hear about Chorus America? _____

2. MEMBERSHIP CATEGORY

Chorus Membership (please circle your chorus type) *See www.chorusamerica.org/membership/chorus-membership#types for definitions.

Volunteer / Professional* / Children/Youth / Symphony / Umbrella*

Enter Chorus Budget Here: \$ _____

- Budgets up to \$87,499: **\$150 USD**
- Budgets from \$87,500 to \$999,999: **0.002% of budget (budget x .002) up to a maximum of \$875 USD**
- Budgets \$1 million and above: **\$950 USD** \$ _____

Individual Membership (please check your primary role)

Conductor, Artistic, or Music Director / Composer / Singer / Voice Teacher / Accompanist / Student

Executive or Managing Director / Development or Fundraising / Education / Board Member

- Basic Membership: **\$95 USD**
- Contributing Membership (includes a \$100 tax-deductible contribution): **\$195 USD**
- Student Membership (please include a photocopy of your current student ID): **\$35 USD** \$ _____

Business Membership (please check your primary role)

Music Publisher or Retailer / Tour Company / Recording Company / Apparel Firm

Artist Manager / Vocal Health Firm / Technology Provider / Consultant

- Business Membership: **\$300 USD** \$ _____

Affiliate Membership (please check your primary role)

Festival / Presenter / Arts Council / Service Organization / Other Nonprofit

- Business Membership: **\$200 USD** \$ _____

3. CONTRIBUTION

- I wish to make an additional tax-deductible gift toward the work of Chorus America. \$ _____

4. PAYMENT

TOTAL: \$ _____

- Check made payable to Chorus America Credit Card (please circle one) Visa / MasterCard / American Express / Discover
- Card Number _____ Expiration Date _____ Security Code _____
- Cardholder Name _____ Billing Zip/Postal Code _____
- Cardholder Signature _____

5. LISTSERV

I wish to be subscribed to the General Management listserv: (check to subscribe)

MEMBERSHIPS ACCEPTED BY FAX OR MAIL:

Chorus America | P.O. Box 2646, Arlington, VA 22202 | Fax: 202.331.7599 | membership@chorusamerica.org