

# 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-types-benefits](http://www.chorusamerica.org/membership-types-benefits) for definitions.

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

Enter Chorus Budget Here: \$ \_\_\_\_\_

- Budgets up to \$87,499: **\$155 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: **\$975 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

- Individual Membership: **\$99 USD**
- Contributing Membership (includes a \$100 tax-deductible contribution): **\$199 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: **\$325 USD** \$ \_\_\_\_\_

**Affiliate Membership** (please check your primary role)

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

- Business Membership: **\$225 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 | 1200 18<sup>th</sup> Street NW, Suite 1250 | Washington, DC 20036 | Fax: 202.331.7599 | [membership@chorusamerica.org](mailto:membership@chorusamerica.org)