



# Membership Form

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Web Address (if applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Please indicate your preferred method of communication:**

- Email \*
- Postal Mail
- Both
- No Preference

\* Note: Some communications and newsletters are sent only by email; e-newsletters are archived online at [www.harpsociety.org](http://www.harpsociety.org).

**Please select the appropriate Membership Category. *Membership Year is from 1 September - 31 August* \***

<u>Regular Membership</u>	<u>1 Year</u>	<u>2 Years</u>	<u>VIP Membership</u>	<u>1 Year</u>	<u>2 Years</u>
<input type="checkbox"/> Student Member**(DOB: _____)	\$40	\$ 75	<input type="checkbox"/> Contributing Member	\$90	\$170
<input type="checkbox"/> Adult Student Member	\$60	\$110	<input type="checkbox"/> Sustaining Member	\$120	\$230
<input type="checkbox"/> Regular Member	\$60	\$110	<input type="checkbox"/> Sponsor	\$175	\$340
<input type="checkbox"/> International ( <i>outside US, including Canada</i> )			<input type="checkbox"/> Patron	\$250	\$490
Student & Regular Members	\$75	\$140	<input type="checkbox"/> Life Member	\$1,250	
			<input type="checkbox"/> Benefactor ( <i>includes a Life Membership</i> )	\$2,500 or more	

\*\* Student Members are US-based individuals who are age 21 or younger, or currently full-time student in a college or university. Please enclose proof of age and/or college enrollment. International students should register at the International Member rate.

\* If joining as a new member in March - August, see [www.harpsociety.org](http://www.harpsociety.org) for a special "Year Plus" pricing offer and write the amount beside your selection above.

**Any membership amount paid over AHS's good faith estimate of the value of goods and services received, which is \$50, is tax-deductible to the extent allowed by law. I understand that memberships only partially fund the American Harp Society, Inc. and would like to make an additional tax-deductible contribution of \$\_\_\_\_\_ in support of its programs.**

**Total Amount Due: \$\_\_\_\_\_ (USD)**

**Please indicate your Membership Directory Preferences.**

Include all info below?  Yes  No

Include your name?  Yes  No

Include phone number?  Yes  No

Include mailing address?  Yes  No

Include email address?  Yes  No

Mail me a printed directory  Yes  No

*OPTIONAL:*

My harp insurance is with Anderson Group:  Yes  No

If yes, my policy expires \_\_\_\_\_ (month/year)

*(This information will be used only to assist members in staying current on their membership for insurance purposes.)*

**Please select your method of payment (Membership fees are non-refundable):**

A check in US dollars drawn on a US bank is enclosed

Please charge my credit card for the total amount due\*

Please PRINT clearly:

Card Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Card number: \_\_\_\_\_ Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Security Code (3 digits on signature strip for Visa/MasterCard or 4 digits on front for American Express): \_\_\_\_\_

Signature Authorizing Payment: \_\_\_\_\_

**Return this form with payment to:**

American Harp Society, Inc.

PO Box 260

Bellingham, MA 02019-0260

**By email:** [membership@harpsociety.org](mailto:membership@harpsociety.org)

**By secure fax:** (508)-803-8383

**Or join online:** [www.harpsociety.org/Membership](http://www.harpsociety.org/Membership)

\*You may also call the AHS, Inc. with your credit card details at 805-410-HARP (4277).