



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.

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 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.
624 Crystal Ave
Findlay, OH 45840

By email: membership@harpsociety.org

By secure fax: (508)-803-8383

Or join online: www.harpsociety.org/Membership

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