Industry & Institutional Membership Form

NEW Industry & Institutional members must complete & submit this form. RENEWAL can be done online by an administrator. Contact membership@acda.org for help.

☐ New Industry/Institution membership

☐ Renewal: Industry/Institution mbr #: _____________

Online Renewal: www.acda.org
ACDA
545 Couch Drive
Oklahoma City, OK 73102-2207
Fax: 405.232.8162
Email: membership@acda.org

Organization Name: ____________________________________________

COMPANY MAILING ADDRESS

Address 1: _______________________________________________
Address 2: _______________________________________________
City: _____________________________________________________
State / Province: ___________________________________________
Postal Code/ Country: ______________________________________
Phone: ___________________________________________________
Fax: ______________________________________________________
Cell: ______________________________________________________
Company Email: ____________________________________________

ADMINISTRATOR

Contact which will login on behalf of company

Name: _____________________________________________________

☐ Admin nonmbr account is set up: #_________________

Address 1: _______________________________________________
Address 2: _______________________________________________
City: _____________________________________________________
State / Province: ___________________________________________
Postal Code/ Country: ______________________________________
Phone: ___________________________________________________
Fax: ______________________________________________________
Cell: ______________________________________________________
Email: ___________________________________________________

ACDA Membership – Including Choral Journal Subscription

Visit our website for a description of types. ACDA.org/membership

Institution (Ensemble or School/Church Music department. Not for an Individual) .......................... ☐ $125
Industry (Music related business) ........................................................................................................... ☐ $150

Donation: ACDA Fund for Tomorrow (fundfortomorrow.org) $____________ ACDA Endowment $____________

Payment: Payable to ACDA in US Dollars. Total Amount Paid $____________

Check # ______________ (Enclosed) Do not fax if mailing a check. PO __________________________ PO & this form must arrive together

Membership will be renewed upon receipt of payment.

Circle one: Visa  MasterCard  Discover  American Express

_________ - _______ - _______ - _______ - _______ - _______ - _______ - _______ Expiration Date: _____/ 20 ___ CVC Code: _______

Name on Card: ____________________________________________ Signature: ________________________________

Billing Address: __________________________________________ Date: ________________________

__________________________________________________________

I agree to pay the total to the credit card issuer agreement and acknowledge that all sales are final unless duplicate payment is made.