



Membership Form – Refer a Colleague Program

Join online <https://acda.org> (then email us & tell us who referred you)

Fax or mail: ACDA, P.O. Box 1705, Oklahoma City, OK 73101-1705

Phone: 405-232-8161 x 110 Fax: 405-232-8162 Email: membership@acda.org

I want to be a part of ACDA!

Have you ever been member? Tell us your member number (contact us to retrieve it if needed): _____

Name: _____

Address: _____

Telephone: _____

Email: _____

- Choir Type: Boy Children & Youth Community
 World Musics & Cultures Girls
 Jazz Men/TTBB SATB/Mixed
 Show Choir Women/SSAA

- Activity Type: ACDA Student Chapter College & University Community Elementary
 Junior High/Middle School Music in Worship Professional Sr. High School
 Supervisor/Administrator Two-Year College Youth & Student Activities

Are you joining ACDA because a colleague or friend referred you?

Please tell us their name and ACDA membership number so that we can thank you both (with a playlist from the 2019 national conference)! (Reward offer good only for U.S. addresses, while supplies last)

Name of your referrer: _____:

Their ACDA member no.: _____

ACDA Membership – including *Choral Journal* subscription, among many other member benefits.

Visit our website for a description of these member types: www.acda.org.

- Active (US and Canada) – (category for choral directors, full benefits) \$125
 Retired \$45
 Associate (choral singers, administrators & non-directors) \$45 (not all benefits of active membership apply – see www.acda.org for details)
 Student (full-time students, or graduated within the past two years without a paid conducting position) \$35

Please note:

- All Minnesota members please add \$15 per year to your total (e.g., active = \$140, retired = \$60, associate = \$60).
- Active members in Iowa, please add \$3 per year to your total (e.g., an active membership = \$128).

Total Payment: \$ _____

Payment Method

- Check (enclosed, payable to ACDA in US Dollars). Check number: _____
- PO no. _____ (PO form & this form must arrive together. Membership will be activated upon receipt of payment.)
- Please charge my credit card: Visa MasterCard Discover American Express

Expiration Date: ___ / ___ / 20___ CVV2 Code ___

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

Name on card: _____

Signature: _____

Billing Address (if different from above):

Date: _____