Industry & Institutional Membership Form

☐ New membership _____

☐ Renewal # _____

Online Renewal: www.acda.org
ACDA
PO Box 1705
Oklahoma City, OK 73101-1705
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: _____

☐ I would like to receive email notifications from ACDA.

ADMINSTRATOR

Contact which will login on behalf of company

Name: _____

☐ Already a member. Membership # _____

Address 1: _____

Address 2: _____

City :_____

State / Province: _____

Postal Code/ Country: _____

Phone: _____

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.