



MEMBERSHIP FORM

New member

Renewing member (please indicate only name and changes of address, email or phone)

Name: _____

Ensemble / Organization (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

Fax: _____ email: _____

Membership Level Annual Dues

U.S. \$70

Student (U.S. only) \$50

Senior (U.S. only age 65+) \$50

Membership Type (check all that apply)

Composer

Performer

Ensemble

Organization / Presenter

I would like to make a tax-deductible contribution of \$_____ to support ACF work in addition to my membership dues.

My gift should be anonymous

My gift should be in honor / memory (circle one) of _____

TOTAL PAYMENT:

Membership dues \$ _____

Additional Contribution \$ _____

Total enclosed \$ _____

Check no. _____ is enclosed payable to American Composers Forum

Please charge total amount above to my ___ Visa ___ MasterCard credit card.

Card no. _____ Expiration Date: _____

ADDITIONAL INFORMATION NOW REQUIRED FOR ALL CREDIT CARDS ! Please also include your 3-digit security code from the back of your card. We cannot process your payment without this information.

3-Digit "CVC2" code (from back of card) _____

Signature (if using credit card) _____

Please mail completed membership form to: American Composers Forum, Attn: Membership Director, 75 West 5th Street, Suite 522, Saint Paul, MN 55102-1439 USA