


Please complete all applicable fields on the registration form. If you have any questions, please contact Member Services. We look forward to welcoming you to the ASTA community.


703-279-2113

www.astastrings.org

Fax form: 703-279-2114
Mail form: 4155 Chain Bridge Rd., Fairfax, VA 22030

Membership Category

- Professional member
 Student member: full time undergraduate student
[Please provide expected Graduation Date (MM/YY)]
 _____ / _____
 Senior member: age 62 or older
 Dual: two professionals at same address
[Please complete two separate forms]

Contact Information

- Mr. Mrs. Miss Ms.
 Dr. Prof. Other _____

What is your gender? Female Male Prefer not to answer

 FIRST NAME MIDDLE INITIAL LAST NAME

 EMAIL ADDRESS

 PRIMARY PHONE: WORK HOME

 CELL PHONE

Select a primary address where you will receive correspondence & if applicable, *AST Journal*. Home School/Work

HOME ADDRESS

 STREET

 CITY STATE ZIP

 COUNTRY

SCHOOL/WORK ADDRESS

(Required for Professional & Student Members)

 SCHOOL/ORG. NAME DEPT./MAIL STOP

 STREET

 CITY STATE ZIP

 COUNTRY

Tell Us About You

(Required for professional/senior and dual members)

What is your primary profession?

- Higher Education Private Studio Music Administrator
 K-12 Performer String Enthusiast
 School (Multilevel) Conductor Retired

How many years have you been teaching music? _____

What level do you teach? *(Select all that apply.)*

- Elementary [K-6] Collegiate (Undergrad & Graduate)
 Middle [6-8]
 High School [9-12] Adult

What primary instrument?

- Violin Guitar Piano
 Viola Brass Woodwind
 Cello Percussion
 Double Bass Harp

ASTA State Chapter

Your membership dues include state chapter membership. To find your state information, visit www.astastrings.org.

Dues Payment

- \$116:** Professional Member **\$57:** Student member
 \$85: Senior Member **\$162:** Dual
(age 62 or older)

“ADD ON”

- \$15:** Membership certificate
 \$7: Membership pin

TOTAL \$ _____

PAYMENT INFORMATION

- Check—make payable to ASTA (U.S. funds only)
 Visa MasterCard American Express

 CARD NO. EXP. DATE

 NAME ON CARD SIGNATURE (PAYMENT AUTHORIZATION)

By completing this form, I confirm that this information is true and accurate to the best of my knowledge. Dues are nontransferable and nonrefundable. There is a \$30 charge for all items returned from the bank.