

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

Who recruited you to join ASTA?

RECRUITER NAME

RECRUITER CITY/STATE

RECRUITER E-MAIL ADDRESS

Membership Category

- Professional member
- Student member: full time 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 _____

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
- K-12
- Student
- Private Studio
- Performer
- Conductor
- Retired
- Music Administrator
- String Enthusiast

What year did you start teaching music? _____

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

- Elementary [K-5]
- Middle [6-8]
- High School [9-12]
- Collegiate (Undergrad & Graduate)
- Adult

What is your primary instrument?

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

ASTA State Chapter

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

Dues Payment

- \$116: Professional Member
- \$85: Senior Member
- \$57: Student 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)
 Check No. _____
- Visa MasterCard American Express

CARD NO. EXP. DATE CVV

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.