



# International Clarinet Association

## MEMBERSHIP APPLICATION

### **Member Information** (PLEASE PRINT CLEARLY)

New Member  Renewing Member # \_\_\_\_\_

(if known)

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from billing address)

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Current Affiliation (i.e., university, orchestra, etc.)—optional

\_\_\_\_\_

Affiliation State, Country \_\_\_\_\_

(PLEASE NOTE: You will NOT receive a membership card or receipt in the mail. Please provide your email address to receive confirmation of your membership and for ICA news and updates. You may print your membership card online once you know your member number.)

### **Membership Type** (Please check appropriate box.)

#### **Individual General**

One-Year \$50.00 US  Two-Year \$95.00 US

#### **Individual Student**

(Full-time students only. Please provide copy of student ID.)

One-Year \$25.00 US  Two-Year \$45.00 US

#### **Institutional**

One-Year \$50.00 US  Two-Year \$95.00 US

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Your membership benefits include a subscription to *The Clarinet*, the official quarterly journal of the ICA. Please refer to the chart below to see when you should expect your first issue.

If your membership is processed...	...your first issue will be:
November 16 - February 15	March
February 16 - May 15	June
May 16 - August 15	September
August 16 - November 15	December

### **Contribution to the ICA**

Your generous gift at the Sponsor through the Virtuoso Circle levels (see <[www.clarinet.org](http://www.clarinet.org)>) will help the ICA flourish and grow. The International Clarinet Association is a 501(c)(3) organization, and your contribution is deductible as a charitable donation for federal income tax purposes.

YES, I would like to contribute \$ \_\_\_\_\_

NO, I do not wish to make a contribution

### **Payment** (Please check appropriate box.)

Check Enclosed

(checks drawn from a U.S. bank only)

Money Order

Credit Card: Please charge the balance due of \$ \_\_\_\_\_ to my credit card.

(Visa, MasterCard, Discover, or American Express)

Card Number

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ (month/year)

Cardholder's Name

Signature \_\_\_\_\_

Credit Card Billing Address (if different)

\_\_\_\_\_

*Please fax or mail completed application to:*

**International Clarinet Association**  
**c/o Memberships**  
**P.O. Box 1310**  
**Lyons, CO 80540, USA**

**Fax: 212-457-6124**

**Phone: 405-651-6064**

**Email: [membership@clarinet.org](mailto:membership@clarinet.org)**

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#### **IMPORTANT NOTE:**

It takes approximately **30 days** for **address changes** to be fully effective.

It is the responsibility of the member to notify the organization of any changes in his/her contact information. The ICA will not mail out replacements for missed issues due to the lack of or late address change notification.