



**American Recorder Society**  
**206A Crestwood Plaza**  
**St. Louis MO 63126-1703**

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**Fax: 866-773-1538**

**TollFree: 800-491-9588**

**ars.recorder@americanrecorder.org**

**www.americanrecorder.org**

**MEMBER APPLICATION**

**Name:**

**Address:**

**City/State/ Postal Code:**

**Country:**

**Phone:**

**Email:**

**Dual Membership\*:**

(Indicate other name  
or alternate address information)

I am or have been a member of the ARS: Yes / No

Your Chapter or Consort(s):

Are you your Chapter's ARS Representative? Yes / No



**\$35.00 Play-the-Recorder Month Special**  
**SAVE \$10.00**

**For new members or prior members whose memberships have been expired at least 2 years.**

**Please check all that apply:**

- Do NOT list** my name in the ARS online directory
- Do NOT release** my name for recorder related mailings
- Do NOT release** my email address for anything
- Do NOT contact** me via e-mail

*We do not share any information about any ARS member with any outside business or individual, unless the ARS member is a contact person for a chapter or consort; is listed as a teacher; or has otherwise authorized us to release their information. Musical festivals, chapters, workshops and music/instrument vendors are examples of groups or businesses that may request our membership list.*

**Demographic Information**

*(Optional information collected only to enhance ARS services and provide statistics to grant makers All information on members' activities in the ARS files is strictly confidential and only used internally)*

Your age:     Under 21     (21-30)     (31-40)     (41-50)     (51-60)     (61-70)     (71+)

Are you a Professional Recorder Performer? Yes / No

Are you a Recorder Teacher? Yes / No

**MEMBERSHIP PAYMENT INFORMATION**

*Make payment in U.S. funds drawn on a U.S. bank payable to: AMERICAN RECORDER SOCIETY, INC., Mail to the address shown at top of form.*

\$ \_\_\_\_\_ **Membership amount**

\$ \_\_\_\_\_ + **Tax deductible contribution**

\$ \_\_\_\_\_ = **TOTAL**

**Circle one:** VISA MasterCard AMEX Discover

Card #: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**CLEARLY PRINT NAME** as it appears on Card:

\_\_\_\_\_

• **Join Online** • **Or Mail** • **Or Fax** • **Or Just Call Us!**