



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

Membership Types (Please circle the level you desire)

One-Year Adult, Online and Print – **\$70.00 US**

One-Year Adult, Online Only – **\$50.00 US**

Two-Year Adult, Online and Print – **\$135.00 US**

Two-Year Adult, Online Only – **\$95.00 US**

One-Year Student, Online and Print – **\$40.00 US**

One-Year Student, Online Only – **\$35.00 US**

Two-Year Student, Online and Print – **\$75.00 US**

Two-Year Student, Online Only – **\$65.00 US**

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

One-Year Senior Citizen, Online and Print – **\$60.00 US**

Two-Year Senior Citizen, Online and Print – **\$115.00 US**
(Senior Citizens 65 and older only. Please provide copy of ID card.)

One-Year Institutional, Print Only – **\$70.00 US**

Two-Year Institutional, Print Only – **\$135.00 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 in the next column to see when you should expect your first issue. If you select an online only membership, then you will not receive a physical copy of *The Clarinet* journal. Electronic copies of the journal can be found on the “Members Only” section of clarinet.org.

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 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

Check Enclosed – Check# _____ Amount _____
(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)

CVV _____

Cardholder's Name _____

Signature _____

Credit Card Billing Address (if different)

Please mail completed application to:

International Clarinet Association
829 Bethel Road, #216
Columbus, OH 43214

Phone: +1-888-983-5441

Email: evanlynchica@gmail.com

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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.