<b>Member Information</b> (PLEASE PRINT CLEARLY)	
☐ New Member ☐ Renewing M	Iember #
_	(if known)
Name	
Billing Address	
Mailine Address (C. 1900 - 1.0 1.11)	7.7
Mailing Address (if different from billing	g address)
Telephone	
Email	
Current Affiliation (i.e., university, ord	mestra, etc.)—optional

## Membership Types (Please circle the level you desire)

Membership Level	Price
Adult	\$75
Student (Special rate until 12/31/2023)	\$10
Senior Citizen (65 and Older, must provide ID)	\$50
Military (must provide ID)	\$50
New Horizons International Music Association	\$50
(Must Provide NHIM number)	
Institutional	\$75
Commercial	\$75

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Please note: The ICA has moved away from a printed magazine and will no longer offer print memberships. Starting with Volume 51, December 2023, ICA Members can purchase printed copies directly from the print provider.

Your membership benefits include a digital subscription to *The Clarinet*, the official quarterly journal of the ICA. All issues of the journal can be found on the "Members Only" section of clarinet.org.

## 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
<u>Payment</u>
Check Enclosed – Check #Amount
(checks drawn from a <u>U.S.</u> 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)
create care siming reduces (if any or one)
_

Please mail completed application to:

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

> Phone: +1-888-983-5441 Email: EDO@clarinet.org

> > \* \* \* \* \*

## 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.