Conductors Guild

Membership Application Form

CONTACT INFORMATION

Name (please print): _____Date of Birth_____

Address: _____ City: _____

State: _____Zip/Postal Code: _____ Country: _____

Home Telephone: _____ Work Telephone: _____

E-Mail: _____ Website: _____

Title 1: _____ Affiliation 1: _____

Title 2: _____ Affiliation 2: _____

Title 3: _____ Affiliation 3: _____

MEMBERSHIP DUES

Regular:	$**100**	
Student*:	$**50**	
Institutional:	$**100**	
Life:	**$2,000**	(max. 4 payments)

Airmail POSTAGE SURCHARGE – Non-U.S./International

Canada/Mexico **with** E-mail publications:	+ $**20** (USD)
Canada/Mexico **w/out** E-mail publications:	+ $**40** (USD)
Overseas (non-N. Amer.) **with** E-mail publications:	+ $**30** (USD)
Overseas (non-N. Amer.) **w/out** E-mail publications:	+ $**55** (USD)

(*Limited to full-time students for six years; **proof of full-time status required**: letter from Registrar, Dean, or Bursar, which must accompany this form. Incomplete forms cannot be processed and will be returned.)

Annual Dues $_____

Postage Surcharge $_____ (if applicable - Non-U.S./International members see above)

Contribution $_____ Other: [___] Friend ($1-$49) [___] Contributor ($50-$99)
[___] Supporter ($100-$249) [___] Patron ($250-$499)
[___] Benefactor ($500-$999) [___] Angel ($1,000+)

TOTAL Enclosed $_____ **Please make checks (US $ only) payable to Conductors Guild**

This form and dues payment should be mailed to: 719 Twinridge Ln. – Richmond, VA 23235

Credit Card Orders: Credit Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Exp. date: __ __ / __ __

Card type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder's name (please print): _____Cardholder's signature (required):_____

U.S. MEMBERS WHO PAY BY CHECK SAVE THE GUILD MONEY! PLEASE CONSIDER SENDING A CHECK.

Please Do Not Write Below This Line/ For Office Use Only - Form Printed March 10

Batch: Item#: Amount$: Confirmation#: Stamp/Notes: