



New SAA Member through SAU

Please print clearly in ink

Mr. Miss Mrs. Ms. Dr. No Title Other _____

Name _____

Address _____

City, State, Zip _____

Phone (Day) _____ (Eve) _____

FAX _____ Email _____

Please check appropriate categories: Areas taught

- Violin Viola Cello Bass
 Piano Flute Harp Guitar Schools
 Organ Voice Recorder Early Childhood Ed

Membership Pro Rate Schedule for Utah Teachers affiliated with SAU only (Aug. exp.)

- July, August, Sept. \$60.00 April, May, June \$70.00
 (This amount includes membership through the following year with an exp. of August.)
 Oct., Nov., Dec. \$45.00
 Jan., Feb., March \$30.00

Payment:

Check or money order for _____ (amount) enclosed

Credit card: Type _____ (VISA or Master Card only)

Number _____ Expiration _____

Name on card: _____

**Mail to: SAA, PO Box 17310, Boulder, CO 80308 or
Fax with credit card info: 303.444.0984**

SAA Active Membership:

Required for teachers, recommended for other individuals.
Includes *American Suzuki Journal*, listing in & subscription to the Directory, voting privileges, course participation and registration (teachers) And other benefits.

- I am including a donation of \$ _____ to support the Annual Fund Drive.
 (Tax deductible in US)
 I have named/would like to name SAA in my will

**Questions regarding SAA membership? Contact Anita Hamilton
at anita@suzukiassociation.org or 303.444.0948 x104**