



Membership Form

First Name _____ Last Name _____ Title _____

Mailing Address: _____

City _____ State _____ Zip Code _____

SAA Membership Number: _____

List Full Address on Website

List only City & State on Website

Website address (if you want it listed): _____

Phone # _____ Alternate Phone# _____

Email Address: (please write clearly) _____

Please add my phone # to the website

Please add my email to the website

Please add me to the Facebook Group

Instruments Taught: Please Circle all that apply

Cello Flute Guitar Harp Organ Piano

Recorder Viola Violin Early Childhood

Languages Spoken in addition to English: _____

Membership Fee \$25

Make Checks Payable to Oregon Suzuki Association

Membership entitles teachers to be listed on the OSA website and provides teachers access to our monthly discussion groups & quarterly teacher meet ups. You will be the first to hear about upcoming events & be a part of a collaborate group of teachers working to promote the Suzuki Method in our community. Thank you for joining the OSA!

Please mail this form & your check to Oregon Suzuki Association c/o Lisa Hansen

11723 NW Vallevue Ct Portland, OR 97229

Questions? Contact Christine at GoodnerViolin@gmail.com