

North Carolina Suzuki Association
Membership Form
www.ncsuzuki.org

Status: _____ \$20.00 per year Active member (teacher)
_____ \$15.00 per year Associate member (parent/other interested individual)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone: _____ *E-Mail: _____

***FOR TEACHERS AND FAMILIES:**

Our primary means of communication is through the internet. Please write clearly and be specific regarding capital/lowercase letters, numbers, and punctuation.

FOR TEACHERS:

School/Studio: _____

Instruments you teach: _____

Would you like to serve as a clinician? _____ SAA Membership No.: _____

Would you like your name, e-mail, instrument(s) included on the website directory? _____

I am enclosing an additional \$ _____ donation to the NC Suzuki Association Scholarship fund.

Total Amount Enclosed: _____

Make your check payable to the NC Suzuki Association. The membership year begins January 1st and ends December 31st. Dues are paid annually.

Mail this with your check to:

**Laura Eis
2107 King Lear Court
Greenville, NC 27858**

Please note: As of November 2006, all teachers must be active members of the SAA. You can find membership information and forms on the SAA website:
<http://www.suzukiassociation.org/services/membership/>

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Signed _____ Date _____