

FAIRFIELD WEST (CT) CHAPTER AGO

ANNUAL MEMBERSHIP RENEWAL FORM FOR 2015-16

(Rolling renewal for one year from date of renewal)

On **attached sheet**, please fill in your **CURRENT** information. Return this sheet to Alma Hamilton, after signing, with your payment. The address appears below.

Select one	Membership Type	Dues
___	REGULAR VOTING (receive TAO and chapter newsletter)	\$100.00
___	PARTNER VOTING (second member/same address /one TAO delivered)	\$75.00
___	SPECIAL (over 65, retired and/or disabled)	\$73.00
___	FULL-TIME STUDENT (include photocopy of student ID)	\$40.00
___	DUAL VOTING (please list your primary chapter here): _____	\$39.00
___	SPECIAL/STUDENT DUAL (list your primary chapter): _____	\$13.00
___	*CHAPTER FRIEND (receive chapter newsletter only) [*= <i>non-organists only -- no access to placement information</i>]	\$30.00
___	<i>Ballantine Student Scholarship Fund donation (tax deductible)</i>	\$ _____
___	<i>Pipedreams (Nat'l. Public Radio) donation (tax deductible)</i>	\$ _____
TOTAL:	Make check payable to: <u>Fairfield West Chapter AGO</u>	\$ _____

PLEASE MAKE CHECK PAYABLE to: *Fairfield West Chapter AGO*

MAIL PAYMENT AND SIGNED FORM TO:

Alma Hamilton (Fairfield West AGO)

28 Grandview Ave.

Stamford, CT 06905

I agree, by signing this document, to abide by the Code of Ethics of the American Guild of Organists (Code of Ethics is attached and also printed in the annual chapter directory)

Signature: _____

Print Name Here: _____] Date: _____

[continued on next page]

FAIRFIELD WEST CHAPTER AGO

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[PLEASE PRINT or type]

Name: _____

Degrees (either academic/AGO, i.e., DMA, MM, BA): _____

Mailing Street or P.O.B. Address: _____

City/State/Zip: _____

Home Tel: _____

Work (Days) Tel: _____

Cell: _____

E--MAIL: _____

Member of AGO/FWCAGO since: _____

Institution(s) Name(s) and Position(s):

OTHER CHAPTER AFFILIATION (please specify which is dual and primary):

Professional Interest Area(s) (i.e. choral conducting, improvisation, contemporary worship music, etc.):

OTHER INFORMATION YOU NEED TO CONVEY:

Are you available as a sub? (when?) _____

Are you a teacher? (organ, piano, voice, etc.): _____

Please fill out this form, sign first form, and mail both sheets (with your check payment) to:

Alma Hamilton (AGO)
28 Grandview Ave.
Stamford, CT 06905