

D.C. CHAPTER OF THE AMERICAN HARP SOCIETY

2017 - 2018 MEMBERSHIP APPLICATION

NAME: _____

NAME OF PARENT IF NAME ABOVE IS A CHILD: _____

ADDRESS: _____

CONTACT PHONE 1: _____ CONTACT PHONE 2: _____

EMAIL: _____

D.C. CHAPTER MEMBERSHIP DUES: **\$20.00**. PLEASE MAKE CHECK PAYABLE TO: AHS/DC.

YOU MUST BE A MEMBER OF THE NATIONAL AHS IN ORDER TO JOIN AN AHS CHAPTER.

THE DUES YEAR BEGINS ON SEPTEMBER 1 AND ENDS THE FOLLOWING AUGUST 31.

PLEASE PRINT AND RETURN THIS FORM AND YOUR DUES BY **SEPTEMBER 30, 2017** TO:

David Crookston
12324 Oakwood Drive, Woodbridge,
VA 22192

PLEASE CHECK ALL THAT APPLY:

PROFESSIONAL; TEACHER; STUDENT (21 YEARS OR YOUNGER); MY TEACHER IS: _____

ADULT STUDENT; MY TEACHER IS: _____ ;
 FRIEND; AHS MEMBER

MAY WE SEND YOUR NEWSLETTER BY EMAIL? YES NO

I WOULD LIKE TO VOLUNTEER TO HELP WITH:

PROFESSIONAL-RELATED ACTIVITIES; STUDENT-RELATED ACTIVITIES; CHAPTER SOCIAL EVENTS