

Please note that you may apply for membership or renew your membership at www.saxophonealliance.org.

Please select one: New Membership Renewal

Personal Information:

For **renewals**, you need to fill in only your **name** unless there are other changes. Please **type or print clearly** or the application will not be processed.

Name: _____

Badge Name: _____ Pronouns: _____
Your First Name as you prefer it to appear on your Name Badge for events.

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Email: _____ Telephone: (____) _____

Date of Birth: _____ (MM/DD/YYYY)

Gender:

- Cisgender Man (gender identity corresponds with assigned birth sex)
- Cisgender Woman (gender identity corresponds with assigned birth sex)
- Non-Binary
- Prefer to Self-Identify: _____
- Transgender Man
- Transgender Woman
- Prefer Not to Answer

Race / Ethnicity: Please check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Other Pacific Islander
- White
- Prefer Not to Answer

Do you identify as a member of the LGBTQ+ community?

- Yes
- Prefer Not to Answer
- No

Do you identify as having a disability?

- Yes
- Prefer Not to Answer
- No

Employment / Student Status: Please check all that apply.

- Middle or High School Student
- Undergraduate Student
- Graduate Student
- Higher Education Professional, Non-Instructional
- Higher Education Instructor, Non-Tenure Track (Part-Time, e.g., Adjunct, Part-Time Lecturer)
- Higher Education Instructor, Non-Tenure Track (Full-Time, e.g., Full-Time Lecturer)
- Higher Education Instructor, Assistant Professor
- Higher Education Instructor, Associate Professor
- Higher Education Instructor, Full Professor
- Higher Education Administrator
- Elementary Music Educator
- Middle School Music Educator
- High School Music Educator
- Private Instructor
- Military Musician
- Arts Administrator
- Business Owner (Music Business)
- Music Industry Professional
- Self-Employed Music Professional
- Outside of Music Professional
- Retired
- Other
- Prefer Not to Answer

If you checked Other, please specify: _____

Veteran Status: Please check all that apply.

- Active Reserve
- Inactive Reserve
- Military Veteran
- Protected Veteran
- NOT a Veteran
- Prefer Not to Answer

Region:

- 1 – WA, OR, ID, MT, WY, AK
- 2 – CA, NV, UT, AZ, CO, NM, HI
- 3 – ND, SD, NE, MN, IA
- 4 – KS, OK, MO, AR, TX
- 5 – WI, IL, IN, OH, MI
- 6 – LA, MS, AL, GA, FL, PR
- 7 – KY, TN, VA, NC, SC, MD, DE, DC
- 8 – NY, PA, NJ, WV, CT, MA, RI, VT, NH, ME
- 9 – BC, AB, SK, MB, YT, NT, NU
- 10 – OB, QC, NL, NB, NS, PE

Membership Fee Table:

Category	1 Year
<input type="checkbox"/> Under 30	\$ 50
<input type="checkbox"/> General Membership	\$ 75
<input type="checkbox"/> Contributing Member (\$75 membership + \$25 donation*)	\$ 100
<input type="checkbox"/> Patron Member (\$75 membership + \$75 donation*)	\$ 150
<input type="checkbox"/> Benefactor Member (\$75 membership + \$225 donation*)	\$ 300
<input type="checkbox"/> Senior (65+)**	\$ 60
<input type="checkbox"/> Middle School / High School Program Membership (includes one director and the saxophonists in their program)	\$ 150
<input type="checkbox"/> Institution (For College and University Libraries)	\$ 99

* The North American Saxophone Alliance is a 501(C)(3) not-for-profit organization, and the full amount of your donation is deductible for Federal income tax purposes as allowed by law. For more information, please contact the current NASA President at president@saxophonealliance.org. Contributing, Patron, and Benefactor Member donations will go to the NASA General Fund.

** Senior Membership is for any individual who is 65 years or older and has retired from professional or other vocational activity.

Please specify if you would like to help NASA fulfill its educational mission by making a donation to any of our NASA funds in addition to your membership. (Please enter amount in US Dollars.)

- **Thomas and Nancy Liley Endowment for Scholarly Research Donation:** \$ _____
- **CSW Scholarship Fund Donation:** \$ _____
- **NASA General Fund Donation:** \$ _____

Payment Information:

Check / Money order in U.S. funds enclosed Charge Visa / MasterCard / American Express

Credit Card # _____ Exp Date _____

Name on Card (Please Print) _____

Please make check or money order payable to **NASA**.
*Overseas applicants must remit **U.S. funds** by bank draft or money order.*

Send application and payment to:

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