

Association of Church Musicians Membership Form 2009-2010

(For church or personal memberships. All AGO memberships use form on reverse.)

Name of Church _____

Church Address _____

Church e-mail _____

Church phone _____ Church fax _____

List below up to five persons (musicians, liturgists, worship leaders, clergy) in your church. **All persons with e-mail addresses will receive a notice about each on-line *Church Music Notes*. The first person on the list will be designated as the ACM contact person** (for renewal notices and special mailings) **for your church.**

1) Name _____ Position _____

Address, City, State, Zip _____

Phone _____ E-mail _____

2) Name _____ Position _____

Address, City, State, Zip _____

Phone _____ E-mail _____

3) Name _____ Position _____

Address, City, State, Zip _____

Phone _____ E-mail _____

4) Name _____ Position _____

Address, City, State, Zip _____

Phone _____ E-mail _____

5) Name _____ Position _____

Address, City, State, Zip _____

Phone _____ E-mail _____

Annual membership dues are \$40.

ACM dues enclosed \$ _____

Additional Opportunities

I want to help ACM by serving in the following areas: board member program committee
 administrative help public relations scholarship committee other (please specify) _____

Enclosed is a contribution to the Ruth Pilger Andrews Organ Scholarship Fund \$ _____

Total enclosed \$ _____



Return with your check **BY JULY 1, 2009** to Membership,
Association of Church Musicians; Box 5321; Madison, WI, 53705.
Questions? Contact ACM@MadisonACM.org.

