

Membership Application
Central Florida Chapter of the American Harp Society

Name: _____
(please print)

Address: _____

City/State/Zip: _____

Phone: _____
(home) (work) (fax)

Email: _____

- **Student member** **\$8.00/year** **(January 1 through December 31)**
(under eighteen)
- **Regular member*** **\$15.00/year** **(January 1 through December 31)**
(eighteen and older)

(Please make checks payable to: Central Florida Chapter/AHS)

Please check all that apply:

- Student • Professional • Amateur • Friend of Harp
- Teacher • Pedal harp • Lever harp

Please tell us something about yourself: _____

*Regular members MUST be members of our parent organization, the American Harp Society (visit the website, www.harpsociety.org for more information.)

Send dues to: Central Florida Chapter/AHS
c/o Jan Jennings
P. O. Box 680451
Orlando, FL 32868-0451