



MEMBERSHIP APPLICATION FORM

Date: _____

Check one: New membership Renewal membership

Check one: Affiliate Institution membership (**\$125 fee**)

Individual membership (**\$100 fee**)

Friend of RSCM America (**\$60 fee**)

Please print or type all information clearly

Title (circle one): Rev./Dr./Mr./Mrs./Ms./Other: _____

First & Last Name: _____

Name of Organization (if for an Affiliate Institution membership):

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Cell: (____) _____

E-mail address: _____

(Be sure to add *office @rscmamerica.org* to your safe list! We communicate most often by email.)

DONATIONS

RSCM America is an independent charity. 100% of all donations made to RSCM America go directly to our work in supporting and training church musicians. We appreciate every donation of every size. RSCM America is a 501(c)(3) non-profit organization and contributions are deductible to the full extent of the law.

Donation amount: \$ _____ *When appropriate, we would like to list you as a supporter. Check one:*

List this name: _____

I/We wish to remain anonymous

PAYMENT OF MEMBERSHIP FEE & DONATIONS

Mail this completed form and check made payable to "Royal School of Church Music" to:

**RSCM America Office c/o Duke University Chapel,
401 Chapel Drive, Campus Box 90883, Durham, NC 27708**

Total amount enclosed (Membership fee plus Donation, if applicable): \$ _____