

# Membership Application

## Headquarters/Billing Address:

Contact Name: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

## Branch Location (list additional stores on a separate page):

Branch Contact: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

Branch E-mail: \_\_\_\_\_

## Additional names for directory listings:

Name: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_ Email: \_\_\_\_\_

## Type of membership:

Associate (manufacturer, publisher, supplier, etc.)  Dealer (must complete the section below)

## Annual dues:

\$425 Dealer with 6 or more storefronts  \$375 Dealer with 2-5 storefronts  \$150 Emeritus  
 \$325 Dealer with one storefront  \$425 Associate Member (Former principals of NASMD member companies for at least 3 years, who are no longer active in the business)

## Dealer member must meet all of these criteria:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Maintain a permanent place of business open during regular daily business hours. | <input type="checkbox"/> Sell or rent musical instruments for use in school music programs. | <input type="checkbox"/> Provide professional and competent repair services for instruments used by students in school music programs. |
| <input type="checkbox"/> Make regular sales calls on school music departments.                            | <input type="checkbox"/> Take an active part in supporting local school music programs.     | <input type="checkbox"/> Maintain an inventory of school music instruments and accessories.  |

## Payment:

Check enclosed  
 Credit Card (AmEx, Visa, MC) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

I, \_\_\_\_\_, certify that \_\_\_\_\_ is qualified for  
(name) (company name)  
NASMD membership. If, as a dealer member, I fail to satisfy the above criteria in the future, I will notify the president of NASMD.

by \_\_\_\_\_  
(Applicant's Signature and Title)

*Dues payments to NASMD are not deductible as charitable contributions; however, they may be deductible as "ordinary and necessary" business expenses. This application is subject to the approval of the NASMD Board of Directors. Please return to NASMD, 14070 Proton Road, Suite 100, Dallas, TX 75244, telephone 972/233-9107 ext. 204, fax 972/490-4219, email office@nasmd.com.*

**Join online at [www.NASMD.com](http://www.NASMD.com)**