

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:

\$450 Dealer with 6 or more storefronts \$400 Dealer with 2-5 storefronts \$175 Emeritus
 \$350 Dealer with one storefront \$450 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(Former principals of NASMD member companies for at least 3 years, who are no longer active in the business)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:

Maintain a permanent place of business open during regular daily business hours. Sell or rent musical instruments for use in school music programs. Provide professional and competent repair services for instruments used by students in school music programs.
 Make regular sales calls on school music departments. Take an active part in supporting local school music programs. 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