

Please note: This form can be printed out or completed at www.aisgc.org/membership

## MEMBERSHIP REGISTRATION/RENEWAL FORM

NAME:						
ADDRESS:						
STATE/COUNT	ΓRY:			_ZIP:		
EMAIL:				_		
DO YOU PLAY	AN INSTRUMEN	NT? YESN	IO			
IF SO, V	WHAT INSTRUM	ENT(S) DO YO	OU PLAY?			
HOW WOULD THE BELOW.)	YOU LIKE YOU	R NEWSLETT	TER RECEIV	ED? (PLEASE	CHECK ONE O	F
COLORED	COPY SENT VIA	EMAIL _	BLACK A	ND WHITE H	ARD COPY BY M	<b>IAIL</b>
WOULD YOU OPERATING O	LIKE TO FURTH	IER DONATE	TO THE AIS	GC TO HELP I	DEFRAY	
Please note: Do	nations made above e in 2024. Donation		-			vell
YES_	NO De	onation Amoun	t:Don	nor Name(s):		
			Membershi	p Dues (\$25 per	r person): \$	
				Donation	Amount: \$	
					Total: \$	

PLEASE RETURN THIS FORM WITH DUES PAYMENT TO:

AISGC 230 South Perry Road #1145 Plainfield, IN 46168