



Membership Form

Please print clearly in ink.

Mr. Miss Mrs. Ms. Dr. No title Other: _____

Last Name _____ First _____ MI _____ List on Website

Permanent Address _____ List full address on Website

List only city/zip on Website

City _____ State _____ Zip Code _____

County _____

Phone day (____) _____ evening (____) _____ List on Website

Fax (____) _____ List on Website

E-mail address _____ List on Website

Please check if you would like to receive an electronic invitation to join the Oregon Suzuki Yahoo list serve.

Instruments taught:

Violin Viola Cello Bass Piano

Recorder Flute Harp Guitar Organ Other: _____

Languages spoken? _____ List on Website

Membership Fee: **\$25.00** Please make checks payable to: **Oregon Suzuki Association**

Suzuki Association of the Americas (SAA) Membership # _____ Expiration: _____

(In order to maintain a parallel relationship with the SAA, the OSA requires teachers to be current SAA members.)

Please mail this form and your check to:

**Oregon Suzuki Association
c/o Sarah Hart, Co-Director
3045 SE Caruthers St.
Portland, OR 97214**

**If you have questions or concerns regarding membership
please E-mail: sarah@hartstringschool.com**