

The Arkansas Choral Directors Association – School/Associate Membership

Invoice

School(s):						
Choral Director:				Email:		
Fees (Place an X above to the proper classification/amount)						
Senior High:	_____	_____	_____	_____	_____	_____
	1A = \$95	2A = \$135	3A = \$175	4A = \$215	5A = \$255	6A = \$295 7A = \$335
Jr High/Middle:	_____	_____	_____	_____	_____	_____
	1A = \$75	2A = \$115	3A = \$155	4A = \$195	5A = \$235	6A = \$275 7A = \$315
Associate Member (individual/college/university/business - \$25.00):						
Late Fee(After October 1 - \$2.00):						
Total Enclosed:		Check Number:		Date:		
Vote Authorization NOTE: Directors who fail to include this authorization will NOT be allowed to vote representing the registered school.						
This is to certify that the above named individual is authorized to represent our school in choral activities and is further authorized to vote on behalf of our school in matters relating to this area which do not require administrative approval.						
Administrator Signature:						
Date:						

Instructions

1. All data except the administrator signature may be entered by clicking in the space next to the requested information. Once entered you may print as many copies as necessary. **You cannot SAVE the completed form; only print it.**
2. You may use one form for multiple schools (eg, junior/middle and senior high).
3. Classification is based on the current directory of the Arkansas Activities Association. If you are not certain ask your administrator what classification you are for athletics.
4. Credit cards or purchase orders are NOT accepted. Please remit a school check only.
5. This form should be copied for your invoice if needed. ArkCDA does not send invoices.
6. Receipts will be emailed to the address included in the online registration. Please either save or print a copy for your records.
7. Your administrators' signature is **REQUIRED** to process your membership and to authorize you to vote for your school. **MEMBERSHIP WILL NOT BE PROCESSED WITHOUT ADMINISTRATORS' SIGNATURE.**
8. This form and fees should be mailed to ArkCDA, P. O. Box 2593, Harrison, AR 72602.