

International Women's Brass Conference
Membership Form

Date: _____
Name: _____
Title/Affiliation: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Email: _____
Phone: _____ Fax: _____
Instrument(s): _____

- | | |
|---|-------------------|
| <input type="checkbox"/> Lifetime Membership | \$1,000.00 |
| <input type="checkbox"/> Yearly Membership | \$30.00 |
| <input type="checkbox"/> Yearly Electronic Membership | \$25.00 |
| <input type="checkbox"/> Student Membership | \$20.00 |
| <input type="checkbox"/> Senior Membership (PDF newsletter) | \$20.00 |
| <input type="checkbox"/> Contribution | \$ _____ |
| <input type="checkbox"/> Monarch Brass CD | _____ @\$12.00/ea |

Total..... = \$ _____

Payment: Check (payable to IWBC) VISA MC

Name on card: _____ Exp. Date: _____
Account#: _____
Signature: _____

Please mail your completed form to:
Sharon Huff, Treasurer
International Women's Brass Conference
108 Cheltenham Drive
Normal, IL 61761-2733
seh819@aol.com