

SAVANNAH AREA FLUTE ASSOCIATION

Membership Form

Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Please choose your membership level.

- Year \$60.** Includes participation in the flute choir for the full year.
- Spring \$40.** Includes participation in the flute choir for half of a year starting in the spring.
- Student \$25.** Available to all those under the age of 18 or to students through the undergraduate level and includes participation in the flute choir for either the full or half year.

For those with serious financial hardships, your membership fee can be waived. Please select this option only if your financial difficulties are severe enough that they would keep you from participating in the flute choir if the fee was not waived.

- I need my membership fee to be waived.

Please make checks payable to the Savannah Area Flute Association. Mail checks to Erika Andres at 4 Birchwood Ct., Savannah, GA 31419 along with this form, or email the form to [savareafute@gmail.com](mailto:savareafute@gmail.com).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (for those under 18)

\_\_\_\_\_  
Date