

2007 Heart of Florida ORFF Chapter Membership Form

Date: _____

_____ **REGULAR MEMBERSHIP- \$35.00**

Name: _____

_____ *AOSA members - \$30.00*

Home Phone: _____

_____ Music specialist

Work Phone: _____

_____ PE/Recreation

Home Address: _____

_____ Classroom teacher

City: _____

_____ Music Therapy

State: _____

_____ College teacher

Zip: _____

_____ Administration

_____ Church musician

_____ Other

_____ **OTHER MEMBERSHIPS-\$20.00**

School: _____

_____ Retired Member

School District: _____

_____ Associate Member/*holds*

School Address: _____

membership in another

Florida ORFF Chapter:

City: _____

State: _____

_____ Full Time Student (\$10.00)

Zip: _____

_____ **AOSA MEMBERSHIP - \$70.00**

School email: _____

Total Amount: _____

Home email: _____

ORFF-Schulwerk Training

_____ Level I

Which email do you prefer information to be sent to? _____

_____ Level II

_____ Level III

_____ Master Class

I give the chapter permission to share my personal information with AOSA.

Are you currently a member of the American Orff-Schulwerk Association? _____

(YES)

(NO)

Mail Payment and Membership Form to:

Sally Fillipps

13606 NW 19th Place

Gainesville, FL 32606-5354