



NEW HORIZONS INTERNATIONAL MUSIC ASSOCIATION, INC. (NHIMA)

MEMBERSHIP INFORMATION AND APPLICATION

Categories of Membership

- Individual or Individual Lifetime
- Couple (two persons sharing a common postal and/or e-mail address) or Couple Lifetime
- Group (for example: band, orchestra, chorus) (Please use “Group Application Form”)

Individual/Couple Benefits

- Two newsletters annually (electronic and/or print edition ¹)
- A membership directory (print edition available and there is also an online directory ²)
- Individual or Couple listing in membership directory
- Discounts on some New Horizons events and publications
- Advance notification of special music camps and other events before they are posted on the public areas of the web site. Members are typically sent a message via their email address on file with NHIMA.

Group Benefits

- Two newsletters annually (electronic and/or print editions ¹)
- A membership directory (print edition available and there is also an online directory ³)
- Information available to the group about topics such as increasing enrollment, developing small groups, incorporation, insurance, fundraising and more

Membership Dues Schedule

| Membership Type | Annual (per year) | Lifetime |
|-----------------|-------------------|-----------|
| Individual | \$10 USD | \$100 USD |
| Couple | \$15 USD | \$150 USD |
| Group | \$25 USD | N.A. |

¹ Please note: you must provide a valid e-mail address and allow us to send you e-mail messages in order to receive notice or delivery of electronic editions of NHIMA publications.

² Members must elect to have information published in the online directory and/or printed directory. Complete membership information may not be available in all directories.

³ For group memberships, the information for the *contact person* on file *will be published* in any NHIMA directory. Members of the group are *not* included in any directories unless they are also members and elect to have their information published.

NHIMA Group Membership Application Form

This application form is for group membership in NHIMA. Please fill in the information below of the *contact person for the group*. This contact person will receive all publications, membership renewal information, and general correspondence from NHIMA for this group membership.

[This information will be published in the NHIMA directories. See the directory publication information and privacy notice below.]

Contact Name _____

Name of the New Horizons Group _____

Email 1 _____ Email 2 (optional) _____

Please note: You will receive notice or delivery of electronic editions of NHIMA publications and other important information for your group via e-mail, so please provide a valid e-mail address and allow us to send e-mail messages to this address. (Renewal information is sent by regular mail, so also double check the postal address information below.)

Phone 1 (optional) _____ Phone 2 (optional) _____

Street Address _____

City _____ State/Province _____

Zip Code/Postal Code _____ Country _____

City & State/Province of NH Group _____

Name of Group Director(s) _____

Group Website _____

PUBLICATIONS PREFERENCES:

You can choose which printed publications you receive from NHIMA. Our newsletters are available electronically, and an electronic member directory is available online, but you can also elect to receive printed versions of these publications if you wish. Please note: you must provide a valid e-mail address and allow us to send you e-mail messages in order to receive notice or delivery of electronic editions of NHIMA publications.

I/WE WISH TO RECEIVE PRINTED EDITIONS OF THE NHIMA NEWSLETTER → YES NO

I/WE WISH TO RECEIVE A PRINTED NHIMA MEMBERSHIP DIRECTORY → YES NO

DIRECTORY PUBLICATION INFORMATION AND PRIVACY NOTICE:

The group's name, director(s), website, and information for the group's contact person is published in any printed directory and online to make communication with the group easier for NHIMA members. Contemplate using a different mailing address, e-mail address, or other information for your group's "contact" above if privacy is a concern. Please feel free to contact us with any concerns.

Makes checks payable to **NHIMA, Inc.** and mail with application to:

Bill Gates, Treasurer — NHIMA
PO BOX 127
Philomath, OR 97370
USA

PAYMENT IN U.S. FUNDS MUST ACCOMPANY APPLICATION