

Suzuki Association of Washington State Membership Form

Membership runs from October 1 through September 30. Annual dues are \$30. Please make your check or money order payable to "SAWS" and send to:
Kerry Travers, SAWS Membership Coordinator, 130 Henderson Terrace, Chelan, WA 98816

Please check: new renewal

Membership category: organization teacher parent

NAME (Mr. Mrs. Ms. Miss) _____

PHONE _____

ADDRESS _____

E-MAIL _____

FAX _____

Primary Profession (circle):

higher education high school middle school elementary school all levels
private studio in home private studio outside home music administrator

Instrument(s) (circle all that apply; underline primary): piano violin viola cello bass guitar
harp flute recorder

I have enclosed an additional contribution of \$_____ to help support the SAWS scholarship fund.

(Your contribution is tax deductible.)