



## New Member Application

Name \_\_\_\_\_  
(Mr., Mrs., Miss, Ms, Dr.) (please print)

Additional line: \_\_\_\_\_  
(to the attention of, company name, etc)

Address: \_\_\_\_\_

City \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

State or Province \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

If you are formally associated with a carillon or chime, please list the instrument(s) and your position(s):

Membership Category: \_\_\_\_\_ Associate \_\_\_\_\_ Carillonneur: (advancement year: \_\_\_\_\_ ) \_\_\_\_\_ Sustaining

<b>2010-2011 dues: (US \$)</b>	Associate: \$40.00	Dues: \$ _____
	Carillonneur: \$50.00	Contributions: \$ _____
	Sustaining: \$75.00	<b>Total \$ _____</b>

**Methods of payment:** (Canadian checks cost the GCNA money: we will accept them, but prefer VISA)  
VISA/MC/DC *or* bar-encoded check (in US\$ drawn on a US bank, made payable to the "GCNA")

VISA \_\_\_ MASTERCARD \_\_\_ DISCOVER \_\_\_ Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: (mo) \_\_\_ / (year) \_\_\_ amount \$ \_\_\_\_\_.

Print name: \_\_\_\_\_ Signature: X \_\_\_\_\_

**Please mail this form and annual dues to:**  
e-mail: [tsleep@ameritech.net](mailto:tsleep@ameritech.net) Tim Sleep, Corresponding Secretary  
28W640 Warrenville Rd, Warrenville, IL 60555

Note: Upon receipt of your application and check for the annual dues, you will become a member of the GCNA and will receive all the benefits of membership. Because the membership year is May 1- April 30, you will receive your membership renewal notice in February, with payment due in April. Any payment received before Jan. 31 will apply to the current year's dues, while any payment received after that date will be applied to the next fiscal year but will activate your membership immediately. (rev. 5/10)