American Guild of Organists

LIFETIME MEMBERSHIP

CONTACT INFORMATION

NAME

ADDRESS

CITY, STATE, ZIP

PHONE/FAX

E-MAIL

MEMBERSHIP SELECTION

Please select membership category:

☐ Regular  OR  ☐ Special (age 65 or older)

☐ Please convert my Regular membership to Special at age 65 to ensure the maximum benefit to the fund (see reverse) of my choice.

Date of Birth (optional):

Name of chapter with which you wish to be affiliated:

☐ or

☐ Independent Membership (without chapter affiliation)

PAYMENT

☐ Check attached

☐ Credit Card # ________________________

Exp. Date _________ Card Security Code _______

Signature ________________________________

By signing below, I agree to abide by the AGO Code of Ethics.

☐ I would like to pay in one lump sum of $3,000 or

☐ 6 yearly payments of $500 each

Please complete reverse
FUND DESIGNATION

Upon notification of my death, the Guild is authorized to transfer immediately the remaining principal amount of my Lifetime Membership dues to the AGO:

(Select one)

☐ Endowment Fund
Your Lifetime Membership gift will be permanently restricted—income only will be used to support Guild operations.

☐ New Organist Fund
Your Lifetime Membership gift will be permanently restricted—income only will be used to support Guild educational programs and scholarships.

☐ Nita Akin Competition Fund
Your Lifetime Membership gift will be permanently restricted—income only will be used to support the National Young Artists Competition in Organ Performance.

☐ Council Designated Fund
Your Lifetime Membership gift, both its principal and income, will be available for use, as needed, by the AGO National Council in support of the Guild’s general purposes.

Signature: ________________________________

NOTE: Without the above approval, the Guild will transfer the remaining principal to the unrestricted Council Designated Fund.

June 2012

Please return form and payment to:
American Guild of Organists
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New York, NY 10115
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Tel. 212-870-2310 | Fax 212-870-2163