



(and World Flute Association)

Membership Application

Renewal Application: _____ For How Many Years? _____

New Member Application: _____

Cost: \$30 Per Year, Domestic Postage
\$40 Per Year, International Postage (US FUNDS/US BANK)
\$1,200 Lifetime Membership
\$20 Student Membership (Photocopy of full-time student ID required)

Includes: Four Issues of *Voice of the Wind*
Membership Card
10% discount from participating vendors

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Flute Circle Member: _____ yes _____ no

Name of Flute Circle: _____

Survey: (Optional)

Do you own a Native American flute? _____ If so, how many? _____

What other flutes or aerophones do you own/play? _____

Do you read music? _____ Do you read Nakai TABlature? _____

How long have you been playing the Native American flute and/or other world flutes? _____

What type of articles would you like to see in *Voice of the Wind*?

How did you become aware of INAF? _____

Please check here if it is acceptable for INAF to give out your contact information to other members in your area who are looking for fellow flutists with whom to communicate: _____

In the future, I would like to be notified of my INAF membership renewal via e-mail, in order to save a stamp _____

Check here if you would like to be included in the on-line membership directory _____
(Turn Page Over To Fill In Further Information)

Please Remit Application and Fee to:

INAF, 3351 Mintonville Point Drive, Suffolk, VA 23435

E-mail: INAF@AOL.COM; Phone: 757-651-8328; FAX: 757-538-2937

Pay With A Credit Card Via PayPal: INAF@AOL.COM

INAFAs Membership Directory Form

Please check here if there is no change of information from the previous year's listing. Save a stamp, consider notifying INAFAs by e-mail at: INAFAs@AOL.COM

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Flute Circle: _____

Check all that apply:

I am a(n)...

I - Instructor _____

P - Performer _____

FE - Flute Enthusiast _____

R - Retailer _____

FM - Flute Maker _____

RE - Recording Artist _____

LP - Lecturer/Presenter _____

A - Author _____

PB - Publisher _____

C - Composer _____

BCMT - Board Certified Music Therapist _____

CMP - Certified Music Practitioner _____

You will only be listed in the online INAFAs Membership Directory if you fill out and remit this form. You may FAX the form or send the information via e-mail: INAFAs@AOL.COM

INAFAs, 3351 Mintonville Point Drive, Suffolk, VA 23435; FAX: 757-538-2937

By filling out this form, you are granting INAFAs permission to print your personal information. All members who receive the directory may only use it for informational purposes. The directory may not be used as a source for product or service marketing in any way, shape, or form. No exceptions.