



# Texas Orchestra Directors Association

## Membership & Convention Registration Form 2019

Membership year Jan 1 - Dec 31, 2019

Please give a Membership Form to a colleague!

[www.todaweb.org](http://www.todaweb.org)

**Return form with payment to:** TODA • 7900 Centre Park Dr, Ste A • Austin TX 78754

Phone: 512-474-2801 Fax: 512-474-7873 [toda@todaweb.org](mailto:toda@todaweb.org)

Check Here If First Year Teacher (Fall 2017)  Check Here if New Member  Check Here if New to Texas

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_  
 Home Mailing Address \_\_\_\_\_ Home or cell \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Alternate E-mail \_\_\_\_\_  
 Employer \_\_\_\_\_ Preferred Address: Home  Work   
 Work Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ FAX \_\_\_\_\_  
 Region \_\_\_\_\_ I would like to opt out of vendor emails   
 Principal Instrument \_\_\_\_\_ Secondary Instrument \_\_\_\_\_  
 Years of Experience as an Orchestra Director \_\_\_\_\_

### Membership / Convention Registration

**Membership:**  Active \$50.00  Retired \$25  College Student \$20 \_\_\_\_\_

**Convention Registration\*\*** (\*\*Convention pre-registration ends July 1. \$50 for first year teachers; \$63 on-site. Proof of eligibility required)

Active Convention Pre-Registration \$100 ..... \_\_\_\_\_  
 Retired Convention Pre-Registration \$40 ..... \_\_\_\_\_  
 Student Convention Pre-Registration \$25 ..... \_\_\_\_\_  
**Donate to the TODA Memorial Scholarship Fund** ..... \_\_\_\_\_  
 Family/Guest (18yrs +) Badges @ \$15 (Day care complimentary for 12 & younger) ..... \_\_\_\_\_  
 Extra BBQ Tickets \_\_\_\_\_ @ \$20 each ..... \_\_\_\_\_  
 \*Child BBQ Tickets (12 years and younger) will be available for purchase onsite for \$10  
 New Teacher Academy (pre-reg only; includes lunch) (in addition to membership & convention) \$40.00 ..... \_\_\_\_\_

**NAME FOR BADGE:** \_\_\_\_\_

**GRAND TOTAL**

First Convention?  Volunteer at Convention?

Would you like to **HAVE a mentor** at the TODA Convention?  Y  N

Would you like to **BE a mentor** at the TODA Convention?  Y  N

Guest Names:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHOOL CONTACT INFORMATION**

If you are completing this form on behalf of a TODA member, please provide the following:

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Authorized PO attached

Credit Card (present credit card at the registration desk with this form)  Check (payable to TODA)  Cash

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amount Received \$ \_\_\_\_\_ Date Received \_\_\_\_\_

Method of Payment

Clerk Initial \_\_\_\_\_

Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Cash \_\_\_\_\_