INSTITUTIONAL MEMBERSHIP – JULY 1, 2024 TO JUNE 30, 2025

INSTITUTIONAL NAME (as it should appear in Ad): _____

CONTACT PERSON: _____ WEBSITE: _____

FIRM ADDRESS: _____ E-MAIL: _____

FIRM CITY/STATE: _____ ZIP: _____

ASSOCIATE MEMBERSHIP

➢ Name listed in the NYSSMA Membership Directory, mailed to more than 4,000 active members.
➢ Full-page Institutional Member Listing will appear periodically throughout the year in the School Music News as well as on the NYSSMA website.
➢ Member Exhibitors at the Winter Conference will have a featured listing in the Conference Program.
➢ Membership fee is tax deductible.
➢ Free subscription to the School Music News.
➢ **One showcase at Winter Conference per booth purchased, not to exceed one.**
➢ Two badges per booth, plus one additional badge at NYSSMA Winter conference (e.g. two booths = 4 badges + 1, total of 5).

SPONSORING MEMBERSHIP

➢ All Associate Membership Privileges.
➢ Exhibit space priority.
➢ **One showcase at Winter Conference per booth purchased, not to exceed two**.
➢ Two badges per booth, plus two additional badges at NYSSMA Winter Conference

PATRON MEMBERSHIP

➢ All Associate and Sponsoring Membership Privileges.
➢ **One showcase per booth purchased at Winter Conference, not to exceed three.**
➢ **Your organization/company logo on www.nyssma.org links to your home page.**
➢ **Your organization/company link on the NYSSMA website at www.nyssma.org**
➢ **Two badges per booth, plus three additional badges at NYSSMA Winter Conference.**

PLEASE NOTE: *All Institutional Memberships have the following limitations:*
1. They are non-voting memberships.
2. Ineligible to hold NYSSMA office.

PLEASE INDICATE MEMBERSHIP

☐ ASSOCIATE MEMBERSHIP $200
☐ SPONSORING MEMBERSHIP $375
☐ PATRON MEMBERSHIP $675

If paying by check, make payable to: **NYSSMA – 718 The Plain Road, Westbury, NY 11590-5956**
Att: Dr. David A. Gaines, Executive Director
(P) 516.997.7200 ext 10 • (F) 516.997.1700 • email: dsuper@nyssma.org

I wish to charge my institutional membership to ☐ AMEX ☐ VISA ☐ MC ☐ DISCOVER $_____

Card No. [____] [____] [____] [____] Exp. Date: _____

Billing Zip Code: _____