

Name:	Home Phone:
Home Address:	Cell Phone:
City/State/Zip:	Home Email:  Prefer ____
School Name:	School District:
Position/Grade Level:	School E-Mail:  Prefer ____
Orff Training: (please circle)  Level I II III Master No Levels	AOSA Member Number : (Must be current to receive discount.)

<b>Regular Membership 2017-2018</b>	<b>\$75.00</b>
<b>Regular Membership with discount for National AOSA membership 2017-2018</b>	<b>\$55.00</b>
<b>Non-Members and/or Single Workshop Fee</b>	<b>\$35.00</b> (per workshop)
<b>Retired Educator</b>	<b>\$35.00</b>
<b>Student</b>	<b>FREE</b>
<b>Associate Chapter Member and AOSA 2017-2018 member</b> <i>Associate Members are visitors from another Florida Orff Chapter</i>	<b>FREE</b>
<b>EARLY BIRD DISCOUNT</b> <i>Form and payment must be received by August 31<sup>st</sup>, 2017</i>	<b>\$60.00</b>
<b>Total Enclosed</b>	

**Make checks payable to North Florida Orff Chapter (NFOC)**

Credit Card Type: \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Mail this form and payment to:**

Rachel Grelle  
1215 Bay Breeze Dr.  
Jacksonville FL 32225

OR

Duval School Mail  
Brentwood Elementary #15  
Att: Rachel Grelle