

RAFA MEMBERSHIP APPLICATION

July 2025 - June 2026

Last name _____ First name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Other phone _____

E-mail _____

You may share my name and address with RAFA sponsors: _____ Yes _____ No

Membership type (please select one)

- ☐ Adult member \$30.00
- ☐ Student member \$15.00 (must be enrolled in school at least half-time)

School _____ Grade _____

Private flute teacher _____

- ☐ Family membership \$35
- ☐ Corporate sponsor \$100.00 (*enclose ad*)
- ☐ Life membership \$400.00 (*tax-deductible*)

Please consider including a tax-deductible donation

- ☐ Donation enclosed \$ _____

How would you like to be involved in RAFA?

- ☐ Flute choir
- ☐ Photography
- ☐ Newsletter (writing articles)
- ☐ Fundraising
- ☐ Publicity
- ☐ Volunteer at events
- ☐ Provide refreshments

<p>Enclose check made payable to RAFA and send to: RAFA, 4800 Inwood Rd, Raleigh, NC 27603</p>
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