



*Suzuki Association
Of South Florida*

TEACHER-STUDIO MEMBERSHIP

Teacher _____

Email _____ Phone _____

Name of Studio/School _____

Address _____

Membership Year: July 1, 20____ through June 30, 20____

Fees: \$50 for 0-5 students.....\$100 for 6+ students

Membership payment can be made on our website at www.saofsfl.org, or by completing this form and mailing it, along with your check payable to the Suzuki Association of South Florida, to the address below. In a separate email, please send a list of students in your studio with family contact information, phone number and e-mail address.

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