Thank you for your interest in partnering with the American Viola Society. A Local Partner Organization (LPO) of the American Viola Society is defined as any organized group of violists that exists to promote the viola through education, performance, appreciation of, and enthusiasm for all things viola.

Symphony Orchestra viola sections, violists in a defined urban area, viola classes from high schools and universities, and any group of individuals that wants to form an organization to promote the viola in accordance with the AVS mission* are welcome and encouraged to apply to become a partner organization.

*AVS MISSION STATEMENT
The American Viola Society is a nonprofit organization of viola enthusiasts, including students, performers, teachers, scholars, composers, makers, and friends, who seek to encourage excellence in performance, pedagogy, research, composition, and lutherie. United in our commitment to promote the viola and its related activities, the AVS fosters communication and friendship among violists of all skill levels, ages, nationalities, and backgrounds.

Please read the following guideline statements that apply to all organizations interested in the partnership.

- Local partner organizations are free to use the terms “club,” “society,” or any other title to define their autonomous organization. However, use of the name “American Viola Society” in the title of a local organization is prohibited.

- Local partner organizations must operate with an open door policy for membership, and cannot deny membership to any person based on performance ability, race, ethnicity, or gender identification.

- Official local partner organizations must have at least one current AVS member in order to maintain that partnership and access any web related benefits such as event posting, listing of its organization on the website, grassroots organization information, and other information and services available only to registered partner organizations.

- Other than as required by number point two above, the organization is free to set its own guidelines for membership.

- The local partner organization shall have no financial ties or obligations to the AVS.

- A local partner organization may set a dues structure as determined by the organization, and dues collection will be solely the purview of that organization.
Please answer the following set of questions to provide us with the basic data we need.

What is the official name of your organization?

_____________________________________________________________________

In what city and state is your organization based? __________________________

Is your organization a 501(c)(3) tax-exempt entity? __________

Please fill in the following dues amounts for your organization’s members. There is no requirement to have all of the listed categories in your dues structure.

- Regular Membership: $_________
- Student Membership: $_________
- Senior Membership: $_________
- Joint Membership: $_________
- Other Classifications: Please describe
  Category name: ______________________________________________________
  Amount: $________
  Category name: ______________________________________________________
  Amount: $________

Organization President: ________________________________________________

Mailing Address: ______________________________________________________

____________________________________________________________________

Mobile/Home Phone: ________________________ / ________________________

Email: ______________________________________________________________
Organization Treasurer: ____________________________________________

Mailing Address: ___________________________________________________________________

_________________________________________________________________________________

Mobile/Home Phone: ______________________ / __________________________

Email: ____________________________________________________________________________

If your organization is a student group please provide the following information:

School Name: _____________________________________________________________________

School Location: __________________________________________________________________

Faculty Sponsor’s Name: ___________________________________________________________

Mailing Address (Home or school): _________________________________________________

_________________________________________________________________________________

Mobile/Home Phone: ______________________ / __________________________

Email: __________________________________________________________________________

Please list your American Viola Society members, (a minimum of one is required for the partnership)

NAME               MEMBERSHIP NUMBER

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**Please attach a copy of your bylaws or membership requirements.