

Invoice#

MEMBERSHIP FORM

I WOULD LIKE TO	The following information may be used in your member profile on amia.ca Please indicate your preference by checking the appropriate box:
<input type="checkbox"/> Join Alberta Music	<input type="checkbox"/> YES , I give my consent to include my information on amia.ca.
<input type="checkbox"/> Renew My Membership	<input type="checkbox"/> NO , please do not list my information publicly.

Name (Individual) / Band Name (If Registering as a Band) / Company Name (If a Professional Business)

Address

City

Province

Postal Code

(_____) _____
Business Phone

(_____) _____
Home Phone

(_____) _____
Fax

Email

Website

<p>INDUSTRY ROLE Please select one</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Artist</td> <td><input type="checkbox"/> Television/ Video</td> </tr> <tr> <td><input type="checkbox"/> Artist Manager</td> <td><input type="checkbox"/> Services/ Other</td> </tr> <tr> <td><input type="checkbox"/> Association</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Booking Agent</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Consultant</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Distributor</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Musician (For Hire)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Music Industry Org.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Music Publisher</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Producer/ Engineer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Production Company</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Publication</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Public Relations</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Publicity/ Media</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Radio Full Time/ Part time</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Record Company</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Recording Studio</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Retailer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Songwriter</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Venue</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Talent Buyer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Talent Promoter</td> <td></td> </tr> </table> <p style="text-align: center;">Interested In Becoming An Accredited FACTOR Juror? (Yes / No)</p>	<input type="checkbox"/> Artist	<input type="checkbox"/> Television/ Video	<input type="checkbox"/> Artist Manager	<input type="checkbox"/> Services/ Other	<input type="checkbox"/> Association		<input type="checkbox"/> Booking Agent		<input type="checkbox"/> Consultant		<input type="checkbox"/> Distributor		<input type="checkbox"/> Musician (For Hire)		<input type="checkbox"/> Music Industry Org.		<input type="checkbox"/> Music Publisher		<input type="checkbox"/> Producer/ Engineer		<input type="checkbox"/> Production Company		<input type="checkbox"/> Publication		<input type="checkbox"/> Public Relations		<input type="checkbox"/> Publicity/ Media		<input type="checkbox"/> Radio Full Time/ Part time		<input type="checkbox"/> Record Company		<input type="checkbox"/> Recording Studio		<input type="checkbox"/> Retailer		<input type="checkbox"/> Songwriter		<input type="checkbox"/> Venue		<input type="checkbox"/> Talent Buyer		<input type="checkbox"/> Talent Promoter		<p>DESCRIPTION Brief description of your act/business</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>BAND MEMBER NAMES and EMAIL ADDRESSES:</p> <p>➤ _____</p> <p>➤ _____</p> <p>➤ _____</p> <p>➤ _____</p> <p>➤ _____</p> <p>MUSIC GENRE 1) _____</p> <p>2) _____</p> <p>If under 18 yrs-old, please state date of birth: ____/____/____ MM DD YY</p>
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<input type="checkbox"/> Production Company																																													
<input type="checkbox"/> Publication																																													
<input type="checkbox"/> Public Relations																																													
<input type="checkbox"/> Publicity/ Media																																													
<input type="checkbox"/> Radio Full Time/ Part time																																													
<input type="checkbox"/> Record Company																																													
<input type="checkbox"/> Recording Studio																																													
<input type="checkbox"/> Retailer																																													
<input type="checkbox"/> Songwriter																																													
<input type="checkbox"/> Venue																																													
<input type="checkbox"/> Talent Buyer																																													
<input type="checkbox"/> Talent Promoter																																													

<p>MEMBERSHIP TYPE (GST Included)</p> <p><input type="checkbox"/> Associate - \$31.50</p> <p><input type="checkbox"/> Full - \$47.25</p> <p><input type="checkbox"/> Band- \$105.00</p> <p><input type="checkbox"/> Corporate - \$210.00</p> <p><input type="checkbox"/> Sustaining - \$500 (Minimum Contribution)</p> <p><input type="checkbox"/> Student Discounted 50% OFF (Proof of Enrollment Must Be Provided)</p>	<p>PAYMENT METHOD <input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> CHEQUE</p> <p>CREDIT CARD # _____</p> <p>EXPIRY DATE ____ / ____</p> <p>CARDHOLDER _____</p> <p>SIGNATURE _____</p>
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Date Received	<input type="text"/>	Receipt #	<input type="text"/>	New Membership #	<input type="text"/>	Credit Card Auth: #	<input type="text"/>
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