

## Saskatchewan Country Music Association Membership Directory Questionnaire

Please ONLY complete the information you want included in directory. Information in blue will not be included; this information is solely for identification purposes.

Name (or Contact):						
Business Name (if applicable):				Date of Birth:		
Addres	ss:					
	ov./P.C:					
	Phone:					
Cell Phone:			Fax:			
E-mail:	·		Website:			
Which	Regional Chapter do you belong?					
	Country Music Association of Saskato	on (CMAS	S)			
П						
П						
_	•	•		NCIVIAI		
	South West Country Music Association	on (Swcivi	IA)			
	Other – no designation					
What t	ype of Membership do you hold?					
	Associate (Fan) – (please proceed to sign	nature	П	Youth (parent/guardian must	nrovida signatura to	
	portion on 2 <sup>nd</sup> page)	Silatare		be included in directory)	provide signature to	
	Participating					
Please	check all that apply and provide detail	s (i.e. han	nd name, and/or	which artist(s) you represent	in vour field	
	ny, Radio Station, etc.): If more space				, (	
	Artist/Musician					
	<ul><li>Vocals</li></ul>	0	Fiddle	<ul><li>Guitar</li></ul>		
	o Bass	0	Keys			
	o Drums	0	Specialty: (ple	ease identify)		
	Agent or Artist Manager					
	Songwriter/Composer					
	Publisher					
	Record Company					



Saskatoon, Saskatchewan S7K 8C1

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	Broadcast Personality		_
	Record/Video Merchandiser		
	Talent Buyer or Promoter		_
	Advertising Agency		-
	Radio/TV/Video		
	Producer/Video Producer		_
	Industry Organization/Builder		
	Engineer/Technician		_
			_
Signati	ure:	Date:	-
Signati	ure of Parent/Guardian, if applicable:		_
	you for taking the time to complete this form. ncluded in this directory. Questionnaire must	***Note: You must hold a current membership it be signed and dated.	n good standing
<b>to be i</b> Please			n good standing
t <b>o be i</b> Please SCMA	ncluded in this directory. Questionnaire must forward to:	t be signed and dated.	n good standing
to be i Please SCMA c/o Me	ncluded in this directory. Questionnaire must forward to: embership Coordinator, Darcey Rathgeber	t be signed and dated. Or	
to be i Please SCMA c/o Me Saskat	ncluded in this directory. Questionnaire must forward to:	t be signed and dated.	