



MEMBERSHIP APPLICATION

Please complete the following application to activate or renew your Music Business Association membership. All memberships are active for one (1) year from date of process. Memberships are non-refundable.

Company (if applicable) _____ No. of Employees _____

Address _____ City _____ State/Province _____

ZIP/Postal Code _____ Phone _____

Fax _____

E-mail _____ Website _____

Description of Business _____

Principal Contact(s) Mr. Ms. _____ Title _____

MEMBERSHIP CATEGORIES

COMPANIES

Upon joining, your Music Biz company membership includes your company's logo on our **Member Community** page and **New Member Profile** to introduce your company to our community.

- App Developer
- Artist Management
- Brand / Ad Agency
- Business Management & Finance
- Data Analytics
- Labels & Distributors
- Label Services
- Legal
- Live & Touring
- Marketing & PR
- Music Publishing
- Music Supervision / Sync Licensing
- Organization / Nonprofit
- Performing Rights Organization
- Physical & Online Retailer, Wholesaler, Physical Products
- Rights Management / Metadata Solutions
- DSP, Streaming, Internet Radio
- Tech, Start Up
- Other _____

ACADEMIC PARTNERSHIP

Membership with specific benefits for your academic institution's students and faculty.

DUES

COMPANY MEMBERSHIP

Check the box below reflecting your company's revenue category.

- Under \$1 million..... \$1,000
- \$1 million - \$4,999,999..... \$2,500
- \$5 million - \$24,999,999..... \$3,500
- \$25 million - \$99,999,999..... \$5,000
- \$100 million - \$249,999,999..... \$10,000
- \$250 million - \$499,999,999..... \$12,500
- \$500 million - \$999,999,999..... \$15,000
- \$1 billion - \$2 billion..... \$23,500
- Over \$2 billion..... \$30,000
- ACADEMIC PARTNERSHIP**..... \$1,000

Dues Amount \$ _____

Enclosed is a check in the amount of \$ _____

Charge my credit card in the amount of \$ _____

VISA MasterCard American Express

Card Number: _____

Card In Name Of: _____

Expiration Date: _____ V-Code: _____

Cardholder Signature: _____

I hereby apply for membership in the Music Business Association and acknowledge that the information provided is factual to the best of my knowledge.

Signature: _____ Name: _____

Date: _____

RETURN TO:

Music Business Association | 4135 Hillsboro Pike #300 Nashville, TN 37215

Email: sonya.askew@musicbiz.org

FOR OFFICE USE ONLY

D/R _____ Check # _____

Member # _____ Amount \$ _____