



APPLICANT DATA

Name (*please print*) _____ E-mail _____ Home Telephone (____) _____
 Home Address _____ City _____ State _____ Zip _____
 Company Name _____ Phone _____ Fax _____
 Company Address _____ City _____ State _____ Zip _____
 Title or Position _____ Send mail to: Home *or* Company VOTING MEMBERS: BALLOTS MUST BE SENT TO YOUR HOME ADDRESS.
 Signature of Applicant _____ Date _____ Name of referring Recording Academy member: _____

CHAPTER PREFERENCES

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Pacific Northwest |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Philadelphia |
| <input type="checkbox"/> Florida | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Memphis | <input type="checkbox"/> Washington, D.C. |
| <input type="checkbox"/> Nashville | <input type="checkbox"/> National (At Large) |
| <input type="checkbox"/> New York | |

VOTING MEMBERSHIP: *Please complete the other side.*

ASSOCIATE (NON-VOTING) MEMBERSHIP: *Please check the appropriate box below.*

- I am a creative or technical professional with less than the required credits for Voting Membership (documentation enclosed).
- A significant amount of my business activity is related to the Music Recording/Music Video industry and I have checked the box that generally describes my occupation. I am also enclosing a business card, as well as a detailed description on current company letterhead, outlining my professional affiliation to the music industry.
- Music Attorney Artist Management Record Label Staff Music Publisher Public Relations Other _____
- I am retired and not involved in any significant business activity at this time. However, prior to my retirement from the Music Recording/Music Video industry, my background and/or professional affiliations were as follows: _____

FIELDS OF EXPERTISE

Indicate by numbering (in preferential order) your areas of expertise.

- | | |
|----------------------------|--------------------|
| ___ Alternative | ___ Metal |
| ___ Blues | ___ MultiMedia |
| ___ Bluegrass | ___ Music Video |
| ___ Children's | ___ New Age |
| ___ Classical | ___ Polka |
| ___ Comedy | ___ Pop |
| ___ Contemporary Christian | ___ Producing |
| ___ Country | ___ Rap |
| ___ Dance | ___ Reggae |
| ___ Electronica | ___ Remixing |
| ___ Engineering | ___ Rhythm & Blues |
| ___ Folk | ___ Rock |
| ___ Game | ___ Songwriting |
| ___ Gospel | ___ Spoken Word |
| ___ Hard Rock | ___ Urban |
| ___ Jazz | ___ World Music |
| ___ Latin | |

AFFILIATE

This classification is for music students, music educators, music merchants, music therapists and others whose professional interests are closely aligned with the goals of the Recording Academy but do not qualify for Voting or Associate Member status. *Please enclose documentation of your affiliation.*

LATIN ACADEMY MEMBERSHIP: *Please check the appropriate box below.*

Special Offer: When you join the Recording Academy, you may also join the Latin Academy at no additional cost.

- Voting Member Associate Member Affiliate Member

To become a Voting Member of the Latin Academy, enclose all documents as requested for the Recording Academy and documents for the Latin Academy which show that your credits are commercially released in a Latin country or North America, and 51% of the album is in Spanish or Portuguese. Applications whose credits are for instrumental recordings will be reviewed on a case by case basis. For Associate and Affiliate Membership, submit documentation which describes your association with the Latin music community.

Application continues on other side



VOTING MEMBERSHIP

If you have checked this type of membership, please fill in Voting Membership Credits section and Categories section.

VOTING MEMBERSHIP CREDITS:

1: Title _____ Artist _____ Label _____
 Distribution Co. _____ Release Date _____ Album Track Single Music Video

2: Title _____ Artist _____ Label _____
 Distribution Co. _____ Release Date _____ Album Track Single Music Video

3: Title _____ Artist _____ Label _____
 Distribution Co. _____ Release Date _____ Album Track Single Music Video

4: Title _____ Artist _____ Label _____
 Distribution Co. _____ Release Date _____ Album Track Single Music Video

5: Title _____ Artist _____ Label _____
 Distribution Co. _____ Release Date _____ Album Track Single Music Video

6: Title _____ Artist _____ Label _____
 Distribution Co. _____ Release Date _____ Album Track Single Music Video

CATEGORIES

Please check the appropriate boxes to indicate in which category(s) you are applying for Voting Membership. See instructions for details.

- #1 Vocalists
- #3 Producers
- #4 Songwriters, Composers
- #5 Engineers
- #6 Instrumentalists
- #7 Arrangers, Conductors
- #8a Art Directors, Photographers, Artists, Designers
- #8b Album Notes Writers
- #9 Spoken Word, Narrators
- #10a Music Video, Vocalists
- #10b Music Video, Conductors
- #10c Music Video, Musicians
- #10d Music Video, Directors
- #10e Music Video, Line Producers
- #10f Music Video, Directors of Photography, Art Directors, Editors

MEMBERSHIP DUES

- 1 year membership: \$100 2 year membership: \$180 3 year membership: \$260
- October 1 – March 31 (*Extended 18 month membership year*): \$150 (*Available only to applicants joining after October 1.*)
- Please automatically renew my annual membership on April 1, by charging the \$100.00 dues to the credit card number indicated below. This charge will be made annually until I request a change.

MEMBERSHIP DUES: \$ _____

THE MUSICARES FOUNDATION: \$ _____ (Optional donation)

THE GRAMMY FOUNDATION: \$ _____ (Optional donation)

TOTAL: \$ _____

Please indicate payment method: Membership dues payment by a record label will not be accepted.

Check/Money Order MasterCard Visa American Express Discover

Credit Card #: _____ Expiration Date: _____ Signature: _____

Recording Academy membership dues are not deductible as charitable contributions. They may, however, be deductible as ordinary business expenses. Contributions to the MusiCares Foundation or the GRAMMY Foundation are tax-deductible charitable contributions.

GRAMMY DEADLINES:

ENTRY FORMS: In order to receive entry forms, you must join by 7/1. (*Voting and Associate members only*)

NOMINATIONS BALLOT: To vote for nominations, you must join before 10/1. (*Voting members only*)

FINAL BALLOT: To receive the final ballot, you must join before 12/1. (*Voting members only*)

Member GRAMMY Tickets: To receive invitations to purchase tickets, you must join by 12/1.

FOR INTERNAL USE ONLY

Qualifications Confirmed Proof of Credits Attached

Proof of Affiliation Attached

Code _____ (*max 4 characters*)

Date of Chapter Receipt: _____

Date of Chapter Review: _____

Date Forwarded to National: _____

Chapter Approval: _____

Date of Final Review: _____

National Approval: _____