

**The Gospel Music Artists Association
Membership application for Artists**

--PLEASE PRINT--

Membership Name: _____ (individual or group name)

Category: (select one) __Soloist __Duet __Trio __Quartet __Group (5 or more) __Promoter

Mailing Address: _____ City _____

State _____ Zip Code _____ Contact ph# _____ cell# _____

Name of main contact person: _____ (soloists may skip this)

E-mail address you want us to use to contact you _____

Years you or this ministry named above have been active _____

Approximate number of ministry dates completed in the past 12 months _____

(soloists may skip this question)

List names of members in your group _____

How many recording projects have you completed? _____

Please use this space to inform us as to your primary reason for applying for membership in our Association.

Is there a Pastor, Licensed Minister or Music Minister in your application? If so:

Name (s) : _____

Please provide church name and city:

Important : If you print, complete and mail this application, please enclose your annual dues in check/money order form, (\$25.00) made payable to ' GMAA'.

Your application will not be considered until we have received your dues via check or money order.

Should your application be accepted, we will notify you and will need to provide us with a high-quality digital publicity photo along with the exact contact info you wish to appear next to your photo in our membership section. You will be instructed where to send that info when contacted by us.

***Please mail your \$25.00 dues to:
GMAA P.O. Box 8903, Greenville, TX 75404***