

I.C.G.M.A. Membership Form

Name _____

Address _____

City _____

State _____ Zip Code: _____

Phone #: _____ e-Mail: _____

(Check Appropriate Box:)

Artist _____ Group _____ Writer _____ Promoter _____

Radio _____ TV _____ Print Media _____

Industry Rep _____ Associate Member _____

Yearly Membership \$100.00 _____

Additional group members @ \$20.00 ea. _____

Booth Space: \$100.00 _____

Please fill in all spaces, then mail this form along with your check or money order to:

I.C.G.M.A.
P.O. Box 1570
West Plains, Mo 65775
417-372-1129