



SAGMA

Stellar Awards Gospel Music Academy
-a not-for-profit organization -
www.thestellarawards.com

Stellar Awards Gospel Music Academy
212 East Ohio, Suite 300 ~ Chicago, Illinois 60611
(312) 654-1100 FAX (312) 654-0368

2018 SAGMA MEMBERSHIP

APPLICATION

New
 Renewal

The Academy

The **Stellar Awards Gospel Music Academy (SAGMA)** -- a not-for-profit organization -- supports, encourages and promotes Gospel music worldwide. **SAGMA** is an umbrella association that provides an environment for industry professionals to mobilize their efforts in promoting Gospel music. Annual membership dues of **\$95.00** allows each individual member to participate in the annual Ballot voting process for the *Stellar Gospel Music Awards* and provides other benefits such as: admission to 'scheduled' *Stellar Awards* seminars or workshops; discounts on tickets, car rentals, and host hotel accommodations. **Annual Membership: April 1 through April 2019.**

A. APPLICATION TYPE -- Check (✓) only one

- Industry Professional** -- I am a member of the Gospel Music Industry as indicated in *Item B*; my personal bio is attached to this application. Applicant must complete **Items A, B, and C.**
- Non Professional** -- I am a supporter of the Gospel Music Industry; at this time I am not affiliated with any Gospel music company or organization. Applicant must complete **Items A, bottom portion of B, and C.**

B. AFFILIATION -- Bio is required; please attach a copy to this Application

Please begin my membership in the **Stellar Awards Gospel Music Academy (SAGMA)**. I have attached a short personal bio indicating my industry affiliation and have enclosed the appropriate Academy membership fee below. Please check (✓) the one area that best describes your industry affiliation

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Record Company | <input type="checkbox"/> Artist/Musician | <input type="checkbox"/> Artist Manager | <input type="checkbox"/> Announcer | <input type="checkbox"/> Songwriter |
| <input type="checkbox"/> Booking Agent | <input type="checkbox"/> Publication | <input type="checkbox"/> Retailer | <input type="checkbox"/> Radio | <input type="checkbox"/> TV/Video |
| <input type="checkbox"/> Concert Promoter | <input type="checkbox"/> Record Producer | <input type="checkbox"/> Church Music Leadership | <input type="checkbox"/> Law | <input type="checkbox"/> Education |
| <input type="checkbox"/> Other Industry Affiliation (<i>Indicate briefly</i>) _____ | | | | |

Name _____

Email _____

Company/Affiliation _____

Address _____

City _____ State/Prov. _____ ZIP _____ Country _____

Telephone (Day) (____) _____ Ext. _____ Telephone (Evening) _____

C. PAYMENT -- Check (✓) one that applies and include payment with Application

Enclosed is my SAGMA membership payment. *Please check (✓) the Membership Term that applies and the payment method below.*

- Check Money Order Discover
- VISA MasterCard American Express

Membership Term
 1 Year - \$ 95.00

Please make check or money order payable to **SAGMA**

Account # _____

Expiration Date _____

Print Name (*as it appears on Card*) _____

Signature _____

FOR OFFICE USE	
Amount _____	<input type="checkbox"/> Paid Date _____
Mode _____	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
Member # _____	ID Card Issued _____
Called _____	
Contact Person _____	
COMMENTS _____	

_____	<input type="checkbox"/> Emailed

SAGMA NO: _____ / _____ / _____