



caras

Canadian Academy
of Recording Arts
and Sciences

Académie canadienne
des arts et des sciences
de l'enregistrement

MEMBERSHIP APPLICATION FORM

Renewal New Membership

Contact Details

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Tel: _____ Fax: _____ Email: _____

Industry Occupation

- | | | |
|--|---|---|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Music Industry Association | <input type="checkbox"/> Recording Engineer |
| <input type="checkbox"/> Broadcaster (Radio) | <input type="checkbox"/> Producer (Television) | <input type="checkbox"/> Retailer/Distributor |
| <input type="checkbox"/> Broadcaster (TV) | <input type="checkbox"/> Producer (Music) | <input type="checkbox"/> Songwriter |
| <input type="checkbox"/> DJ | <input type="checkbox"/> Promoter | <input type="checkbox"/> Studio Staff |
| <input type="checkbox"/> Education | <input type="checkbox"/> Publicist | <input type="checkbox"/> Video/Film |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Publisher | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Record Company | |
| <input type="checkbox"/> Media | <input type="checkbox"/> Recording Artist/Musician | |

Payment Details

My cheque/money order for \$53.50(\$50 + GST) is enclosed, payable to CARAS or:

Charge to my: VISA MasterCard American Express

Card # _____ Expiry Date (mm/yy) _____

Name on Card _____ Signature _____

GST# R106842057

Please fax/mail your completed membership application with payment to Brenna Knought
355 King Street West, Suite 501, Toronto, ON M5V 1J6
tel: 416.485.3135 fax: 416.485.4978 email: membership@carasonline.ca