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songhall.org

## APPLICATION FOR MEMBERSHIP
## (Please print)

**Name:**
**Mr. Ms.**_____

***Company Name:** _____

***Position/Title:** _____

**Address:** _____

**Apt. or Suite:**_____**City:**_____

**State:** _____**Zip:**_____

**Phone:** _____

**Email:** _____

**CHOOSE A MEMBERSHIP LEVEL:**

**Associate Member:** Non-voting membership **$25.00**

**Professional Member:** Sponsor Membership **$50.00**

**Executive Member:** Patron Membership with preferred benefits **$100.00**

**Lifetime Member:** Benefactor Membership with annual awards dinner journal listing and preferred benefits **$1000.00**

**I am a member of (please circle all that apply): ASCAP BMI SESAC NARAS**

**I wish to qualify for voting membership as a (please circle all that apply):**
**Songwriter Artist Musician**
***Industry Member (Please include Company Name and Position/Title above)**

**We thank you for any additional contributions**
**Please make check payable to: SONGWRITERS HALL OF FAME**
**Songwriters Hall of Fame is a 501(c)3 non-profit organization and membership dues are tax deductible to the extent allowed by law.