



SONGWriters

HALL OF FAME

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songhall.org

APPLICATION FOR MEMBERSHIP (Please print)

Name:
Mr. Ms. _____

Organization: _____

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

We thank you for any additional contributions

Please make check payable to: SONGWRITERS HALL OF FAME

(Songwriters Hall of Fame membership dues are tax deductible to the extent allowed by law)