



caras

The Canadian Academy
of Recording Arts
and Sciences

L'Académie canadienne
des arts et des sciences
de l'enregistrement

ACADEMY DELEGATE APPLICATION FORM

Renewal New

CONTACT DETAILS

Name: _____

Company: _____ Position: _____

Address: _____

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

Tel: _____ Email: _____ (no duplicate emails)

Involvement in industry: _____

INDUSTRY OCCUPATION

Please check all that apply:

- | | | |
|--|---|---|
| <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"/> Venue |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Record Company | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Media | <input type="checkbox"/> Recording Artist/Musician | |

PAYMENT DETAILS

My cheque/money order for \$75 + tax is enclosed, payable to CARAS or:

Charge to my: VISA MasterCard American Express

Card # _____ Expiry Date (mm/yy) _____

Name on Card _____ Signature _____

Promotional Code: _____

GST# R106842057

MUSICOUNTS

To donate to MusiCounts, Canada's Music Education charity associated with CARAS:

My cheque/money order is enclosed and payable to MusiCounts or charge:

Amount \$ _____ to my: Visa MasterCard American Express

Card # _____ Expiry Date (mm/yy) _____

Name on card: _____ Signature: _____