



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) 654-0398

# 2008 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 \$85.00 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 seminars or workshops; discounts on tickets, magazines, and hotels. Members will receive Stellar newsletters. **Annual Membership:** *January 1 through December 31.*

### 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

- Record Company
- Artist/Musician
- Artist Manager
- Announcer
- Songwriter
- Booking Agent
- Publication
- Retailer
- Radio
- TV/Video
- Concert Promoter
- Record Producer
- Church Music Leadership
- Law
- Education
- Other Industry Affiliation (*Indicate briefly*) \_\_\_\_\_

Name \_\_\_\_\_

Company/Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Telephone (Day) (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

### 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.

- Cashier's Check
- Money Order
- VISA
- MasterCard
- American Express

Membership Term
<input type="checkbox"/> 1 Year - \$ 85.00
<input type="checkbox"/> 2 Year - \$150.00
<input type="checkbox"/> 3 Year - \$215.00

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

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Print Name (*as it appears on Card*) \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE**

Amount \_\_\_\_\_  Paid Date \_\_\_\_\_

Mode \_\_\_\_\_  Approved  Declined

Member # \_\_\_\_\_ ID Card Issued \_\_\_\_\_

Called \_\_\_\_\_

Contact Person \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

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