

NAME OF ORGANIZATION	
REPRESENTATIVE 1: Family name, first name, title and e-mail address	Family name, first name, title and e-mail address of Representative 1
REPRESENTATIVE 2: Family name, first name, title and e-mail address	Family name, first name, title and e-mail address of Representative 2
REPRESENTATIVE 3: Family name, first name, title and e-mail address	Family name, first name, title and e-mail address of Representative 3

* Corporate members are entitled to three (3) delegates with voting rights. They will receive full information from the CQM.

Contact information and other information on the organization	Public	Private***
<u>Complete</u> mailing address		
Telephone		
Fax		
E-mail		
Web site		
***Private contact information Reserved for the use of the CQM (will not be published on www.cqm.qc.ca)		
No. of employees:	Administration:	Artists:
Service or expertise that can be offered to CQM members		

Corporate member: Revenue below \$150,000: \$220
 Revenue between \$150,000 and \$500,000: \$280
 Revenue between \$500,000 and \$1,000,000: \$385
 Revenue exceeding \$1,000,000 : \$500

Enclosed, a cheque for \$ _____ – Payment via PayPal is possible upon request
 Note: Membership dues are tax exempt.

Signature: _____ Date: _____
 (mandatory) (dd/mm/yyyy)

By signing this form, you agree to receive information from the CQM.

Membership 2018-2019: 1 July 2018 to 30 June 2018 **New Members:** In addition to mailing in this form and the payment of your membership dues made to the order of "Conseil québécois de la musique," please include documents concerning the organization, such as a description of its professional activities, its letters of incorporation, letters patent, a list of the board of directors, financial statements, etc.