



INDIVIDUAL OR ASSOCIATE MEMBERSHIP

Any individual - *one single performer*

2018-2019

Family name and first name of individual	
Title or profession	
Organization (if applicable)	

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***Private contact information Reserved for the use of the CQM (will not be published on www.cqm.qc.ca)		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		

Individual member: \$70
Associate member: \$125

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 2019

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 a document outlining your professional activities.

