



ORGANIZATION - MEDIA

MEMBERSHIP APPLICATION FORM

Date _____

Radio Station Call Sign & Frequency Name: _____
 Required

Location _____
 Required This can be a generic region, such as Nova Scotia, Southwestern Ontario, West Coast....

Station Contact Name: _____
 Required

City: _____ **Province/State:** _____ **Country:** _____
 Required *Required* *Required*

Telephone Mobile: _____ **Landline:** _____
 Required At least one reliable number required

Email: _____
 Required

Website: _____
 Only if you have one

		Already a Member?	
Station Grass Roots Members:	1 Bluegrass Program Name _____		
	DJ Name: _____	Y	N
2	Bluegrass Program Name _____		
	DJ Name: _____	Y	N
3	Bluegrass Program Name _____		
	DJ Name: _____	Y	N
6	Bluegrass Program Name _____		
	DJ Name: _____	Y	N

Please send completed form to:
 Gord DeVries - Bluegrass Canada
 Membership Co-ordinator
 22790 Amiens Road
 Komoka ON N0L 1R0

Criteria for free Organizational Membership: **All MEDIA Members will have at least 1 (one) Grass Roots BMAC member.**
 Please print a **Grass Roots Application form** for each individual member, have them fill it in and mail or email it in to the address above, with the appropriate payment.