

New Member

Non Member Referral Form



Thank you for helping us build the Recording Academy's community and enabling us to protect music's future. Please fill out as many fields as possible in the form below. All required fields are denoted by an asterisk. Please ensure that all contact information is accurate and up to date as we verify the identity of all recommenders.

PART 1

THE RECOMMENDER'S CONTACT INFO

First Name *

Last Name *

Company

Position

Primary Email *

Primary Phone *

LinkedIn profile

Website or Facebook page

Twitter or Instagram

***Please submit a recent photo of yourself that will be used for identify verification purposes only**

Attach any documentation that help us substantiate your music industry affiliation. Examples:

- Your AllMusic or Discogs page
- A Paycheck where your name and name of company are visible (financials can be redacted)
- A W2 where your name and name of company are visible (financials can be redacted)
- Your employment bio listed on the company's website

PART 2

CANDIDATE QUESTIONNAIRE

First Name of Candidate *

Last Name of Candidate *

Stage Name of Candidate

Primary Email of Candidate *

Primary Phone of Candidate*

(we will use this email to alert the Candidate that you have submitted a recommendation on his or her behalf)

*What kind of work does the Candidate do?

Vocalist

Graphic Artist

Producer

Designer

Songwriter/Composer

Album Notes Writer

Engineer

Spoken Word Artist/Narrator

Instrumentalist

Music Video (Director)

Arranger/Conductor

Music Video (Producer)

Art Director

Music Video (Director of Photography/Art Director/Editor)

Photographer

PROFESSIONAL MEMBER - (Music Executive, Creator Representative, Industry Writer, or Music Educator)

In what capacity did you work with the candidate?*

If selecting other, please specify

Advocate

Collaborator

Mentor

Rep

Colleague

Other

How long have you known the candidate? *

By checking this box, you are confirming that the candidate is over the age of 13.

What makes this candidate a notable professional? *

(Please describe why this candidate should be recognized as a leading member of the music industry and should qualify for a Recording Academy membership.)

Please provide any additional details about the candidate below

PART 3

ACADEMY RECOMMENDATION GUIDELINES

Please note that you may recommend up to 2 people per membership cycle to the Academy.

Once you've completed the form, please email it to membership@recordingacademy.com with the subject line: "Recording Academy Recommendation for <YOUR CANDIDATE'S NAME HERE>"

Once your candidate receives a total of 2 recommendations, they will be able to complete their Recording Academy membership submission. All required fields of the recommendation must be complete in order for the recommendation to be considered.

By signing, you acknowledge that everything written on this form is true to the best of your knowledge. If any portion of this recommendation is found to be purposefully falsified, the recommendation will be not be considered.

Signature

Print Name

Date