

UNITED WE STAND DIVIDED WE FALL
S L   M
SIERRA LEONE ASSOCIATION OF ARTISTS & MUSICIANS

Registration Form :

Name:

Check One [] Male [] Female

Group Name/Stage Name: _____

Profession/Industry _____

Genre _____

Website: _____

Place & Date of Birth:.....

Province (If Known):.....

Mailing Address:.....

City:.....**State:**.....**Zip code:**.....

TEL(Home):TEL(work):

TEL(Cell):**Email:**.....

Membership Fees: Please Circle

Member:	Fee:
Registration	\$100.00
Monthly	\$20.00
Annual	\$120.00
Advance Pay	\$100.00

Total Amount Paid Today:[\$] **Balance** [\$]

Signed: **Date:**

Witness:..... **Date:**.....

Note: We meet every month, via conference call or Face-to-Face.