

4STATES GOSPEL MUSIC ASSOCIATION
GROUP
Membership application

GROUP name: _____

Contact name _____

Address _____ city _____ state _____ zip _____

Phone _____ Email _____

We, as ministers of the gospel, adhere to the Biblical principals and are born again Christians. Each of us have been an active member in a church for a minimum of 18 months.

Signatures: _____

Please allow 4-6 weeks for processing
LEVEL PLACEMENT.....PLEASE CHECK only **ONE**

() **Level one - we have *NOT* performed at least 10 dates in the past year (other than our home church)** please submit: a referral from your pastor, or music minister & your check or money order for \$20.00 - yearly membership. You will be allowed a certain TIME SLOT at any 4 States GMA concert, until level two is reached.

() **level two – we HAVE or have 10 dates BOOKED (other than 4States functions or our home church) within the next year.** Please submit: a referral from your pastor, or music minister. A BIO including a photograph, biography of group, a recording (does not have to be professional), & your check or money order for \$40.00 yearly membership. You are allowed a certain TIME SLOT on each 4States GMA program, after you have been a member for at least 30 days. **New requirement is required. Please send an ITINERARY of your 10 qualified bookings.**

Please make checks payable to:
FOUR STATES GOSPEL MUSIC ASSOCIATION P.O. BOX 1127
TEXARKANA, AR 75504-1127 903-792-3011
For additional information please email rd.Hendrix@valornet.com

Referred by : _____

FSGMA active member