



IEBA MEMBERSHIP APPLICATION

All applicants are subject to approval by the IEBA membership committee

NAME _____

TITLE _____ COMPANY _____

ADDRESS _____ SUITE/FLOOR _____

CITY _____ STATE _____ ZIP CODE _____

OFFICE PHONE _____ FAX _____

CELL PHONE _____ E-MAIL _____

COMPANY WEBSITE ADDRESS _____

BRIEF DESCRIPTION OF YOUR JOB _____

TWO INDUSTRY REFERENCES (List name/company/phone for each.)

1. _____

2. _____

PROFESSIONAL MEMBERSHIP \$125.00

Professional membership is limited to individuals working in the entertainment industry. Members are classified in one of three categories. Full benefits are listed on the website, and are continuously being updated. Membership is for one year from date of joining.

Check Only One:

_____ **Buyer/Promoter** – Any person actively involved in the employment of talent for entertainment purposes.

_____ **Agent** – Any person actively involved in the booking of talent for entertainment purposes.

_____ **Affiliated** – Any person actively involved in the entertainment field through their professional efforts.

Credit Card # _____ Exp. _____

Security Code (back of card) _____ Billing Zip Code _____

Signature _____

If paying by check, please send a copy of this application with a check made payable to IEBA to:
9 Music Square West
Nashville, TN 37203