

# The North Carolina Music Network

"Reaching the Mark"

## Application

PLEASE TYPE OR PRINT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if same as street address leave blank) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Birth day (mm/dd/yyyy) \_\_\_\_\_  Male  Female

PLEASE CHECK ONES THAT APPLY

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Songwriter                | <input type="checkbox"/> Published                | <input type="checkbox"/> Unpublished           |
| <input type="checkbox"/> Singer                    | <input type="checkbox"/> Present Performer        | <input type="checkbox"/> Past Performer        |
| <input type="checkbox"/> Musician                  | <input type="checkbox"/> List Instrument(s) _____ |  |
| <input type="checkbox"/> Read Music                | <input type="checkbox"/> Play by Ear              |  |
| <input type="checkbox"/> Technician (lights/sound) |   |  |
| <input type="checkbox"/> Engineer                  | <input type="checkbox"/> Own Studio               | <input type="checkbox"/> Have Access to Studio |
| <input type="checkbox"/> Patron (listeners)        |   |  |

LIST THREE FAVORED MUSIC STYLE(S)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

ARE YOU INTERESTED IN (Check all that apply):

- |   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Workshops                              |                                      |                                   |
| <input type="checkbox"/> Songwriting                            | <input type="checkbox"/> Beginner    | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Copyrights                             | <input type="checkbox"/> Publishing  |                                   |
| <input type="checkbox"/> Demos                                  | <input type="checkbox"/> Production  |                                   |
| <input type="checkbox"/> General Recording Industry Information |                                      |                                   |
| <input type="checkbox"/> Performances (Stage Presence/Persona)  |                                      |                                   |
| <input type="checkbox"/> Showcases                              |                                      |                                   |
| <input type="checkbox"/> Performing                             |                                      |                                   |
| <input type="checkbox"/> Technical Engineering                  | <input type="checkbox"/> Sound       | <input type="checkbox"/> Lights   |
| <input type="checkbox"/> Backstage                              | <input type="checkbox"/> Other _____ |                                   |
| <input type="checkbox"/> Collaboration                          |                                      |                                   |
| <input type="checkbox"/> Songwriter                             | <input type="checkbox"/> Musician    |                                   |
| <input type="checkbox"/> Advice                                 |                                      |                                   |

*The North Carolina Music Network*

PO Box 1046  
Pinetops, NC 27864  
PH: (252)827-2180



MUSIC CATEGORY

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Original Music | <input type="checkbox"/> Cover Tunes | <input type="checkbox"/> Solo Artist |
| <input type="checkbox"/> In Band        | Band Name _____                      |                                      |

STYLE

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Country         | <input type="checkbox"/> Bluegrass | <input type="checkbox"/> Southern Gospel |
| <input type="checkbox"/> Pop             | <input type="checkbox"/> Rock      | <input type="checkbox"/> Alternative     |
| <input type="checkbox"/> Christian Rock  | <input type="checkbox"/> Folk      | <input type="checkbox"/> Gospel          |
| <input type="checkbox"/> Southern Gospel | <input type="checkbox"/> Jazz      | <input type="checkbox"/> Top 40          |
| <input type="checkbox"/> Other _____     |                                    |  |

MAY WE CONTACT YOU TO HELP WITH PROJECTS?

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| If yes, what is your area of expertise? _____   |                             |
| Do you have equipment? <input type="checkbox"/> Sound <input type="checkbox"/> Lights |                             |

TYPE OR PRINT

On a separate paper, please state briefly your beliefs, goals, and objectives concerning your ambition in music and where you see yourself in five years. Feel free to include a picture. You may be contacted about an interview to be featured in our newsletter.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Contact phone number of Parent or Legal Guardian \_\_\_\_\_

*Do Music -- Not Drugs*