



# ICCFA MUSIC LICENSE COALITION

107 Carpenter Drive, Suite 100 ■ Sterling, VA 20164 ■ 800.645.7700 ■ 703.391.8400  
fax: 703.391.8416 ■ www.iccfa.com ■ e-mail: hq@iccfa.com

The ICCFA has secured music performance rights from the three music licensing agencies: ASCAP, BMI and SESAC. ICCFA Music License Coalition members can become fully licensed for 2009 for the annual price of **\$248 per location!**

**Music License Coalition Membership dues include the annual music license, so your entire cost for the 2009 funeral home music license is \$248 per location. With no additional membership fees required, this is the LOW-EST PRICE AVAILABLE to the industry.** Membership is open to any company in the cemetery, cremation and funeral industry in the United States. **To join, simply complete this form** and return it with payment to the address below.

### Authorization Signature (required)

*I/We enclose the sum of \$248 per location in acceptance of the Music License Coalition Membership offer from the International Cemetery, Cremation and Funeral Association (ICCFA). I/We understand this will entitle our firm to music licensing for \_\_\_\_\_ (number of locations) under ASCAP, BMI and SESAC for the period 1/1/2009 - 12/31/2009. I/We hereby authorize the ICCFA to obtain music licenses with ASCAP, BMI and SESAC for the listed location(s) on our firm's behalf.*

\_\_\_\_\_  
Signature and Title of Authorized Firm Representative

\_\_\_\_\_  
Date

### APPLICATION FOR MEMBERSHIP

*Please print or type. Each separate location that seeks a music license must be identified and requires payment of a separate \$248 fee. **If you have more than one location, please list additional locations on the back of this form.***

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Physical/Street Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_ Web address \_\_\_\_\_

**PREVIOUS LICENSING** *If this location held music licensing in 2008, please indicate the source of licensing below and the respective license number(s) for each agency.*

This location held licensing directly through the licensing agency(ies).

This location held licensing through another organization (please specify): \_\_\_\_\_

License numbers (list all that apply): ASCAP \_\_\_\_\_ BMI \_\_\_\_\_ SESAC \_\_\_\_\_

### PAYMENT

Total Number of Member Locations \_\_\_\_\_ x \$248 = **TOTAL DUES PAYMENT \$** \_\_\_\_\_

Check (Please make payable to ICCFA)     Credit card (circle one)    MasterCard    Visa    American Express    Discover

Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Security ID (3-digit # on back of card or 4-digit # on front of AmEx card) \_\_\_\_\_

Card holder billing address/ZIP (required to process) \_\_\_\_\_

**Please return this form with payment by January 25, 2009, to:**

**ICCFA Music License Coalition, 107 Carpenter Drive, Ste 100, Sterling, VA 20164, or via fax to 703.391.8416**

**Questions? Call 1.800.645.7700**

**for additional locations, see other side** ☞

## ADDITIONAL LOCATIONS

*(Please make copies of this form if you are applying for more than three additional locations.)*

**Location Name** \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Physical/Street Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

This location held licensing directly through the licensing agency(ies).

This location held licensing through another organization (please specify): \_\_\_\_\_

License numbers (list all that apply): ASCAP \_\_\_\_\_ BMI \_\_\_\_\_ SESAC \_\_\_\_\_

**Location Name** \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Physical/Street Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

This location held licensing directly through the licensing agency(ies).

This location held licensing through another organization (please specify): \_\_\_\_\_

License numbers (list all that apply): ASCAP \_\_\_\_\_ BMI \_\_\_\_\_ SESAC \_\_\_\_\_

**Location Name** \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Physical/Street Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail address \_\_\_\_\_

This location held licensing directly through the licensing agency(ies).

This location held licensing through another organization (please specify): \_\_\_\_\_

License numbers (list all that apply): ASCAP \_\_\_\_\_ BMI \_\_\_\_\_ SESAC \_\_\_\_\_