



ICCFA MUSIC LICENSE COALITION

Suite 100, 107 Carpenter Drive ■ 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 2010 for the annual price of **\$248 per location!**

Music License Coalition Membership dues include the annual music license, so your entire cost for the 2010 funeral home music license is \$248 per location. With no additional membership fees required, this is the LOWEST PRICE AVAILABLE to the industry. Membership is open to any company in the cemetery, cremation and funeral industry in the United States. **To join, 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 1/1/2010 - 12/31/2010. 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 2009, 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, 2010, to:

ICCFA Music License Coalition, Ste 100, 107 Carpenter Drive, 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 _____