

ICFA MUSIC LICENSE COALITION

107 Carpenter Drive, Suite 100 ■ Sterling, VA 20164 ■ 800.645.7700 ■ 703.391.8400
fax: 703.391.8416 ■ www.icfa.org/music ■ e-mail: music@icfa.org

The ICFA has secured music performance rights from the three music licensing agencies: ASCAP, BMI and SESAC. ICFA Music License members can become fully licensed for 2006 for the annual price of **\$220 per location!**

ICFA Music License Membership dues include the annual music license, so your entire cost for the 2006 funeral home music license is \$220 per location. There is NO ADDITIONAL FEE for the music license. Membership is open to any company in the cemetery and funeral service industry in the United States. **To join, simply complete both sides of this form** and return it with your dues payment to ICFA Headquarters. Your membership will be activated and your music license for 2006 will be covered!

APPLICATION FOR MEMBERSHIP

*Please print or type. Each separate location that seeks a music license must be identified and requires payment of a separate \$220 fee. **Please note that you must complete both this application and the authorization on the other side of this form in their entirety.***

Company Name _____

Contact Name _____ Title _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

e-mail address _____

Web address _____

Number of locations to be licensed: _____

(Each location to be licensed, including the first, must be identified and authorized using the other side of this form.)

PREVIOUS LICENSING *If these locations held music licensing in 2005, please indicate the source of licensing below. **If licensed directly through the agencies, please include the respective license numbers for each location on the other side of this form.***

Total number of locations with music licensing in 2005: _____

Number licensed through another organization _____ Please specify name of organization: _____

Number licensed directly through ASCAP _____ BMI _____ SESAC _____

Other (describe) _____

PAYMENT

Total Number of Member Locations _____ x \$220 = **TOTAL DUES PAYMENT \$** _____

Check (Please make payable to ICFA) 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 (if different from above) _____

Please return both sides of this form with payment to: ICFA Music License Coalition, 107 Carpenter Drive, Ste 100, Sterling, VA 20164
or via fax to **703.391.8416**
Questions? Call 1.800.645.7700

complete and sign other side ✍

IDENTIFICATION AND AUTHORIZATION FOR LICENSING

Please complete this form in its entirety and sign below. All locations to be licensed, including the first, must be identified and authorized. If you are licensing more than four locations, please make copies of this form or attach a printout containing all of the required information. All members must complete and sign this authorization.

Location Name _____

Contact Name _____ Title _____

Mailing Address _____

City _____ State _____ ZIP _____

Street Address (if different from above) _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

e-mail address _____

2005 license numbers (for those locations previously licensed directly through the agencies):

ASCAP License # _____ BMI License # _____ SESAC license # _____

Location Name _____

Contact Name _____ Title _____

Mailing Address _____

City _____ State _____ ZIP _____

Street Address (if different from above) _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

e-mail address _____

2005 license numbers (for those locations previously licensed directly through the agencies):

ASCAP License # _____ BMI License # _____ SESAC license # _____

Location Name _____

Contact Name _____ Title _____

Mailing Address _____

City _____ State _____ ZIP _____

Street Address (if different from above) _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

e-mail address _____

2005 license numbers (for those locations previously licensed directly through the agencies):

ASCAP License # _____ BMI License # _____ SESAC license # _____

Authorization Signature (required)

I/We enclose the sum of \$220 per location in acceptance of the Music License Membership offer from the International Cemetery and Funeral Association (ICFA). I/We understand this will entitle our firm to music licensing for _____ (number of locations) under ASCAP, BMI and SESAC for the period 1/1/2006 - 12/31/2006. I/We agree to abide by all ICFA bylaws and its Code of Ethics as they are now or may be hereafter amended. I/We hereby authorize the ICFA to obtain music licenses with ASCAP, BMI and SESAC for the listed locations on our firm's behalf.

Signature and Title of Authorized Firm Representative

Date