

MUSIC LICENSE COALITION
Funeral Directors Service Association of Chicago
2014 Music License Application – Page 1

Funeral Directors Service Association of Chicago is pleased to offer music licensing as a benefit to our members, through our partnership in the Music License Coalition. FDSA members can become fully licensed with ASCAP, BMI and SESAC for 2014 for the annual price of \$258 per location. Please complete and return this form with payment to the address below by 1/31/2014.

Please note: the \$258 price will be in effect until January 31, 2014. After January 31, the price increases to \$270 per location.

Application

*I/We affirm that the undersigned company is a member in good standing of **Funeral Directors Service Association of Chicago (FDSA)**. I/We understand this will entitle our firm to music licensing for all locations listed below under ASCAP, BMI and SESAC for the period 1/1/2014 – 12/31/2014 I/We enclose the sum of \$258* per location for licensing under the agreements between ASCAP, BMI and SESAC and the ICCFA Music License Coalition. I/We authorize **FDSA** to work with the ICCFA Music License Coalition 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

Please print or type. Each separate location that seeks a music license must be identified and requires payment of a separate \$258* fee. Fields marked with cross (+) are required.

+Company Name: _____

+Contact Name: _____ Title: _____

+Mailing Address: _____

+City: _____ +St: _____ +Zip: _____

Street Address (if different): _____

City: _____ St: _____ Zip: _____

+Phone: _____

Fax: _____

E-mail: _____

PREVIOUS LICENSING: If this location held music licensing directly through ASCAP, BMI or SESAC in 2013, please list the respective account number(s) below:

ASCAP account# _____ BMI account# _____ SESAC account# _____

Total number of locations to be licensed: _____ (Please list additional locations on page 2 of this form.)

Payment

Total Number of Locations _____ x \$258* = **TOTAL LICENSE FEES PAYMENT \$ _____**

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

Card Number: _____ Exp: _____

Name as it appears on card: _____

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

Cardholder billing address/zip (required for processing): _____

*** \$270 after January 31, 2014**

Please return this form (both pages, if used) with payment by Jan. 25, 2014, to:

International Cemetery, Cremation & Funeral Association, 107 Carpenter Dr., Suite 100, Sterling, VA 20164.

Fax: 703.391.8416. For more information call: 800.645.7700.

2014 Music License Application – Page 2 – ADDITIONAL LOCATIONS

(Please make copies of this form if needed)

Location Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Street Address (if different): _____

City: _____ St: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

PREVIOUS LICENSING: If this location held music licensing directly through ASCAP, BMI or SESAC in 2013, please list the respective account number(s) below:

ASCAP account# _____ BMI account# _____ SESAC account# _____

Location Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Street Address (if different): _____

City: _____ St: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

PREVIOUS LICENSING: If this location held music licensing directly through ASCAP, BMI or SESAC in 2013, please list the respective account number(s) below:

ASCAP account# _____ BMI account# _____ SESAC account# _____

Location Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Street Address (if different): _____

City: _____ St: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

PREVIOUS LICENSING: If this location held music licensing directly through ASCAP, BMI or SESAC in 2013, please list the respective account number(s) below:

ASCAP account# _____ BMI account# _____ SESAC account# _____