



# 2022 MUSIC LICENSE COALITION

107 Carpenter Drive, Suite 100 • Sterling, VA 20164  
703.391.8400 • fax: 703.391.8416

The ICCFA has secured music performance rights from the three music licensing agencies: ASCAP, BMI and SESAC. ICCFA Music License Coalition members may become fully licensed for 2022 for \$306 per location. You may add on a Webcasting License for \$53 per URL/website address. These are the early bird rates and will go up after January 31, 2022.

There are no additional membership fees required, making these the LOWEST PRICES AVAILABLE IN OUR 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 above sum 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 1/1/2022-12/31/2022. 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 location that seeks a music license must be identified and requires additional payment. 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

Email

Web address

PREVIOUS LICENSING: If this location held music licensing in 2021, 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

MUSIC LICENSES:

Total # of Member Locations \_\_\_\_\_ x \$306 = TOTAL DUES PAYMENT \$ \_\_\_\_\_

WEBCASTING LICENSES:

Total # of Member URL/Website Address \_\_\_\_\_ x \$53 = TOTAL DUES PAYMENT \$ \_\_\_\_\_

Check (Please make payable to ICCFA)  Credit card (circle one) MasterCard Visa Amex 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 to:

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

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 \_\_\_\_\_

Email 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 \_\_\_\_\_

Email 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 \_\_\_\_\_

Email 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 \_\_\_\_\_