# 2024 MUSIC LICENSE COALITION <br> 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 2024 for $\$ 334$ per location prior to January 31, 2024. You may add on a Webcasting License for $\$ 60$ per URL/website address prior to January 31, 2024. These are early bird rates and will go up after January 31, 2024. There is an new GMR agency license for $\$ 130$ per location for music and $\$ 25$ per URL for web.
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, SESAC and/or GMR Agency for the period $1 / 1 / 2024-12 / 31 / 2024$. I/We hereby authorize the ICCFA to obtain music licenses with ASCAP, BMI, SESAC and/or GMR Agency 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 2023, please indicate the source of licensing below and the respective license number(s) for each agency.
$\square$ This location held licensing directly through the licensing agency(ies).
$\square$ This location held licensing through another organization (please specify): $\qquad$ License numbers (list all that apply): ASCAP $\qquad$ BMI $\qquad$ SESAC

## PAYMENT

MUSIC LICENSES: Total \# of Member Locations $\qquad$ x \$334 = TOTAL DUES PAYMENT \$ $\qquad$ WEBCASTING LICENSES: Total \# of Member URL/Website Address $\qquad$ x \$60 = TOTAL DUES PAYMENT \$ $\qquad$ GMR AGENCY MUSIC LICENSES: Total \# of Member Locations $\qquad$ $\times \$ 130=$ TOTAL DUES PAYMENT \$ $\qquad$ GMR AGENCY WEBCASTING LICENSES: Total \# of Member URL/Website Address $\qquad$ x \$25 = TOTAL DUES PAYMENT \$ $\qquad$ $\square$ Check (Please make payable to ICCFA) Credit Card: $\square$ Visa $\square$ Discover $\square$ MasterCard $\square$ AmEx

Card Number

Name as it appears on card
Card holder billing address/ZIP (required to process)
Email receipt to

## Please return this form with payment to:

## 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

$\square$ This location held licensing directly through the licensing agency(ies).
$\square$ This location held licensing through another organization (please specify): $\qquad$
License numbers (list all that apply): ASCAP $\qquad$ BMI $\qquad$ SESAC $\qquad$

| Location Name |  |  |
| :--- | :--- | :--- |
| Contact Name | Title |  |
| Mailing Address |  | State |
| City |  | Zip |
| Physical/Street Address (if different from above) | State | Zip |
| City | Fax |  |
| Phone |  |  |

## Email address

$\square$ This location held licensing directly through the licensing agency(ies).
$\square$ This location held licensing through another organization (please specify): $\qquad$
License numbers (list all that apply): ASCAP
BMI
SESAC $\qquad$

Location Name
Contact Name Title
Mailing Address

City $\quad$ State $\quad$ Zip | Zip |
| :--- |

Physical/Street Address (if different from above)

| City | State | Zip |
| :--- | :--- | :--- |
| Phone | Fax |  |

Email address
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License numbers (list all that apply): ASCAP
BMI
SESAC $\qquad$

