



2025 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 2025 for \$360 per location. You may add on a Webcasting License for \$63 per URL/website address. There is a 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 1/1/2025–12/31/2025. 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 2025, 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 \$360 = TOTAL DUES PAYMENT \$ _____

WEBCASTING LICENSES: Total # of Member URL/Website Address _____ x \$63 = TOTAL DUES PAYMENT \$ _____

GMR AGENCY MUSIC LICENSES: Total # of Member Locations ____ x \$130 = TOTAL DUES PAYMENT \$ _____

GMR AGENCY WEBCASTING LICENSES: Total # of Member URL/Website Address ____ x \$25 = TOTAL DUES PAYMENT \$ _____

GMR AGENCY PAST PERFORMANCE WEBCASTING LICENSE: Total # of member URL/website address ____ x \$60 = TOTAL DUES PAYMENT \$ ____ (if you've purchased one in 2024, you do not need to purchase again)

☐ Check (Please make payable to ICCFA)

Credit Card: ☐ Visa ☐ Discover ☐ MasterCard ☐ AmEx

Card Number

Exp. date

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

Name as it appears on card

Card holder billing address/ZIP (required to process)

Email receipt to

Please return this form with payment to:

for additional locations see other side →

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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 _____