2026 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 2026 for \$365 per location prior to January 31, 2026. You may add on a Webcasting License for \$65 per URL/website address prior to January 31, 2026. These are early bird rates and will go up after January 31, 2026. There is a new GMR agency license for \$143 per location for music and \$28 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 (requ	ired)	
I/We enclose the above sum per location in acceptance Cremation and Funeral Association (ICCFA). I/We under ASCAP, BMI, SESAC and/or GMR Agency for the period ASCAP, BMI, SESAC and/or GMR Agency for the listed	erstand this will entitle our firm to music	: licensing for (number of locations) under
Signature and Title of Authorized Firm Repres	sentative	Date
APPLICATION FOR MUSIC LIC	CENSE	
Please print or type. Each location that seeks a muthan one location, please list additional locations		requires additional payment. If you have more
□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	
PAYMENT		
MUSIC LICENSES: Total # of Member Locations	x \$365 = TOTAL DUES PAYMEN	NT \$
WEBCASTING LICENSES: Total # of Member URL		
GMR AGENCY MUSIC LICENSES: Total # of Meml	ber Locations x \$143 = TOTAL	DUES PAYMENT \$
GMR AGENCY WEBCASTING LICENSES: Total # 0 GMR AGENCY PAST PERFORMANCE WEBCASTI PAYMENT \$ (if you've purchased one in 2024/ Check (Please make payable to ICCFA)	NG LICENSE: Total # of member UI /2025, you do not need to purchase	RL/website address x \$67 = TOTAL DUES
Card Number		
Exp. date	Security ID (3-digit # on back of o	card or 4-digit # on front of AmEx card)
Name as it appears on card		
Card holder billing address/ZIP (required to proces	ss)	
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			
☐ This location held licensing directly through the licensin	g agency(ies).		
☐ This location held licensing through another organization	on (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			
$\hfill\square$ This location held licensing directly through the licensin	g agency(ies).		
☐ This location held licensing through another organization	on (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 licensin	g agency(ies).		
☐ This location held licensing through another organization	on (please specify):		_
License numbers (list all that apply): ASCAP	BMI	SESAC	_