Music and Webcasting Licensing

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 members may become fully licensed for 2027 (Early Bird Rates $375 valid thru 1/31/27; $385 after 1/31/27). You may add on a Webcasting License (Early Bird Rate $60 valid thru 1/31/27; $65 after 1/31/27 - per URL (web address)). Music licensing is required before purchasing a webcasting license. There is a GMR agency license for $150 per location for music and $32 per URL for web.

There are no additional membership fees required. 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.

Application For Music License

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 _____

Payment

MUSIC LICENSES: Total # of Member Locations ____ x $375 (EARLY BIRD) OR ____ x $385 (REGULAR) = TOTAL DUES PAYMENT $ _____

WEBCASTING LICENSES: Total # of Member URL ____ x $60 (EARLY BIRD) OR ____ x $65 (REGULAR) = TOTAL DUES PAYMENT $_____

GMR AGENCY MUSIC LICENSES: Total # of Member Locations ____ x $150 = TOTAL DUES PAYMENT $ _____

GMR AGENCY WEBCASTING LICENSES: Total # of Member URL ____ x $32 = TOTAL DUES PAYMENT $ _____

GRAND TOTAL DUES PAYMENT $ _____

☐ 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 _____

Authorization Signature (required)

I/We enclose the above sum per location in acceptance of the Music License 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 1/1/2027–12/31/2027. 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

Please return this form with payment to:

ICCFA Music and Webcasting Licensing • 107 Carpenter Drive, Suite 100 • Sterling, VA 20164 • fax: 703.391.8416

Additional Location Name

(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 _____

Additional Location Name

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 _____

Additional Location Name

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 _____