

MUSIC LICENSE COALITION/
Oregon Funeral Directors Association
2010 Music License Application – Page 1

Oregon Funeral Directors Association is pleased to offer music licensing as a benefit to our members, through our partnership in the Music License Coalition. OFDA members can become fully licensed with ASCAP, BMI and SESAC for 2010 for the annual price of \$248 per location. Please complete and return this form with payment to the address below by 1/15/2010.

Application

*I/We affirm that the undersigned company is a member in good standing of **Oregon Funeral Directors Association (OFDA)**. I/We understand this will entitle our firm to music licensing for all locations listed below under ASCAP, BMI and SESAC for the period 1/1/2010 – 12/31/2010. I/We enclose the sum of \$248 per location for licensing under the agreements between ASCAP, BMI and SESAC and the ICCFA Music License Coalition. I/We authorize **OFDA** to work with the ICCFA Music License Coalition to obtain music licenses with ASCAP, BMI and SESAC for the listed locations on our firm's behalf.*

Signature and Title of Authorized Firm Representative

Date

Please print or type. Each separate location that seeks a music license must be identified and requires payment of a separate \$248 fee. Fields marked with asterisk (*) are required.

*Company Name: _____

*Contact Name: _____ Title: _____

*Mailing Address: _____

*City: _____ *St: _____ *Zip: _____

Street Address (if different): _____

City: _____ St: _____ Zip: _____

*Phone: _____

Fax: _____

E-mail: _____

PREVIOUS LICENSING: If this location held music licensing directly through ASCAP, BMI or SESAC in 2009, please list the respective account number(s) below:

ASCAP account# _____ BMI account# _____ SESAC account# _____

Total number of locations to be licensed: _____ (Please list additional locations on page 2 of this form.)

Payment

Total Number of Locations _____ x \$248 = **TOTAL LICENSE FEES PAYMENT \$** _____

Check (Please make payable to **ICCFA**) Credit card (circle one) MasterCard Visa Discover American Express

Card Number: _____ Exp: _____

Name as it appears on card: _____

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

Cardholder billing address/zip (required for processing): _____

Please return this form (both pages, if used) with payment by Jan. 15, 2010, to:

International Cemetery, Cremation & Funeral Association, 107 Carpenter Dr., Suite 100, Sterling, VA 20164.

Fax: 703.391.8416. For more information call: 800.645.7700.

2010 Music License Application – Page 2 – ADDITIONAL LOCATIONS

(Please make copies of this form if needed)

Location Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Street Address (if different): _____

City: _____ St: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

PREVIOUS LICENSING: If this location held music licensing directly through ASCAP, BMI or SESAC in 2009, please list the respective account number(s) below:

ASCAP account# _____ BMI account# _____ SESAC account# _____

Location Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Street Address (if different): _____

City: _____ St: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

PREVIOUS LICENSING: If this location held music licensing directly through ASCAP, BMI or SESAC in 2009, please list the respective account number(s) below:

ASCAP account# _____ BMI account# _____ SESAC account# _____

Location Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Street Address (if different): _____

City: _____ St: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

PREVIOUS LICENSING: If this location held music licensing directly through ASCAP, BMI or SESAC in 2009, please list the respective account number(s) below:

ASCAP account# _____ BMI account# _____ SESAC account# _____