



2023 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 2023 for \$322 per location. You may add on a Webcasting License for \$58 per URL/website address. These are the early bird rates and will go up after January 31, 2023.

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 (ICCF). I/We understand this will entitle our firm to music licensing for _____ (number of locations) under ASCAP, BMI and SESAC for the period 1/1/2023–12/31/2023. I/We hereby authorize the ICCFA to obtain music licenses with ASCAP, BMI and SESAC 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 2022, 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 \$322 = TOTAL DUES PAYMENT \$ _____

WEBCASTING LICENSES: Total # of Member URL/Website Address _____ x \$58 = 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 _____

Please return this form with payment to:

ICCF Music License Coalition • 107 Carpenter Drive, Suite 100 • Sterling, VA 20164 • fax: 703.391.8416

for additional locations see other side →

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)

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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 _____