

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

**Virginia Funeral Directors Association** is pleased to offer music licensing as a benefit to our members, through our partnership in the Music License Coalition. VFDA 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 **Virginia Funeral Directors Association (VFDA)**. 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 **VFDA** 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# \_\_\_\_\_