



APPLICATION FOR MEMBERSHIP

Name : _____
 Address : _____
 Phone : _____ Postal code : _____ City : _____
 E Mail : _____

- Statut :**
- | | | | |
|------------|--------------------------|---------------|--------------------------|
| Individual | <input type="checkbox"/> | Association | <input type="checkbox"/> |
| E.U.R.L | <input type="checkbox"/> | Autre : | |
| PLC/INC | <input type="checkbox"/> | | |
| LTD | <input type="checkbox"/> | | |

If the application is made by a legal entity :

Company chairman or Managing Director :

Office address :

.....

E Mail (obligatory) :

Date of birth :

Nationality :

Date the company was founded :

If the application is made by an Individual :

Date of birth :

Nationality :

Date your activity began :

The company is :

Producer of phonograms

Producer of music videos

Licensee of producer(s) of phonogram(s) or music video(s)

Are you a member of the International Federation of the Phonographic Industry (SNEP) : YES NO

Name of your distributor :

Physical :

.....

Digital :

.....

Signature of applicant :

__/__/__