



APPLICATION FOR MEMBERSHIP

Name : _____ (1)

Address : _____ (2)

Phone : _____ Postal code : _____ City : _____

Country : _____ E Mail : _____ @ _____

Status : Individual Association

PLC/INC Other :

LTD

Are you subject to : - the French collective agreement for phonographic publishing (CCNEP) ? YES NO

- the VAT ? YES - If yes, number NO

If the application is made by a legal entity :

Company chairman or Managing Director :
.....

Office address :
.....

E Mail (mandatory) :

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)

Assignee of the rights of phonogram producers

Are you a member of the "Syndicat National de l'Édition Phonographique" (SNEP) ? : YES NO

Are you a member of the "Union des producteurs français indépendants" (UPFI) ? : YES NO

Were you a member of the SPPF YES NO If yes, on what date did you
resigne : __/__/__ (please provide the letter from the SPPF acknowledging your resignation)

Name of your distributor :

Physical :

Digital :

Date and Signature of applicant :

(1) Company name for legal entities
(2) Company headquarters for legal entities

