

## **APPLICATION FOR MEMBERSHIP**

(29/06/2021)

Name :		(1)
Address :		(2)
Phone :	Postal code :	City :
Country :	E Mail :	@
<u>Status</u> : 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 :		If the application is made by an Individual :
Company chairman or Managing Director :		Date of birth :
Off:		Nationality:
Office address :		
E Mail (mandatory):		
Date of birth :		
Nationality:		
Date the company was founded :		
The company is :		
□ Producer of phonograms		
Producer of music videos		
<ul> <li>Licensee of producer(s) of phonogram(s) or music video(s)</li> <li>Assignee of the rights of phonogram producers</li> </ul>		
Assignce of the rights of phonogram producers		
Are you a member of the "Syndicat National de l'Edition Phonographique" (SNEP)?: YES NO Are you a member of the "Union des producteurs français indépendants" (UPFI)?: YES NO		
Were you a membrer of the <b>SPPF</b> 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