



House of Culture • P.O. Box 1100 • Belize City, Belize • info@bscAp.bz • tel: +501.636.0564
 (A Non-Profit Company Incorporated Under the Companies Act of Belize)

APPLICATION FOR MEMBERSHIP – PRODUCER OF PHONOGRAMS

All sections of this form must be completed

Name of Company (block letters).....

Trading Name.....

Representative’s Name, in full

Address

Telephone **Fax**

Cell **Email**

Are you a successor to a deceased performers/producers of phonogram? If so, please state name of deceased

Number of commercially recorded works		Number of works performed in public	Total Number of works (including any unreleased works)
On tape/CD/vinyl	Featured films video/TV/radio programs		

Alternative criteria and/or any other relevant information

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I enclosed herewith

- (a) a list of my works which have been commercially recorded and released and/or broadcasted;
- (b) a copy of recording agreement(s); and
- (c) \$200BZ (check/money order payable to bscAp) which represents the non-refundable application processing fee.

FAILURE TO SUBMIT THE FEE WILL DELAY THE PROCESSION OF YOUR APPLICATION

DECLARATION:

I, the undersigned, hereby declare that the information given above is true and correct. I understand that if my registration is accepted, my membership will be subject to the Articles of Association and any other Rules and Regulations of the Society, and that my rights, obligations and liabilities as a member will be governed by said Articles of Association and Rules and Regulations as amended from time to time. I hereby register for membership of bscAp and I understand that the submission of this completed Registration Form constitutes an offer by me to enter a legally binding agreement with bscAp on the terms and conditions referred to in the Articles of Association and the Rules and Regulations adopted by bscAp, which **I have read and fully understand and agree with, or I have exercised my right to review at a later date, but agree to be bound by them as of the date of my signature hereunder.** I also understand that acceptance of this offer takes place when bscAp notifies me that membership has been granted.

Signature: Date:

Please return your application and supporting documentation to:

bscAp
Membership - Producer
House of Culture
P.O. Box 1100
Belize City, Belize

<u>OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE</u>
Registered No Dist. Ident. No
Effective Date of Admission IPI No.....