



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 - PERFORMER**

**Section 1. PERFORMER DETAILS**

Surname (block capital) .....(Mr/Mrs/Miss/Ms)

First name (in full) .....

Artistic Name/Aliases:.....

Group/Ensemble Name(s): .....

Instruments/Roles (e.g., guitar):.....

Genre (e.g. brukdong, kungo, punta soul): .....

Date of Birth	Social Security No.	Country of Birth	Nationality	Country of Residence

**Section 2. OTHER SOCIETIES**

Are you a full member of any overseas performer societies?    YES            NO

If Yes, please provide details: .....

**Section 3. RESIDENTIAL ADDRESS**

Telephone ..... Fax ..... Email Address .....

Address: .....

**Section 4. REPRESENTATIVE (IF APPLICABLE)**

Type of representative (e.g., manager, solicitor).....

Contact Name: .....

Telephone ..... Fax ..... Email Address .....

Address: .....

**Section 5. REPERTOIRE DETAILS**

Please provide the following information on 3 of your most well known tracks. This track information is used to help us distinguish between performers with the same or similar name and is not used to update track line-ups.

Title	Artist	Label	Year

**Section 6. PAYMENT DETAILS:**

Please complete this section if you prefer to have your royalties deposited directly into your account:

Name of Bank or Credit Union: ..... Branch: .....

Address: ..... Name on Account.....

Sort/ Swift Code: .....A/C No: .....

**Section 7. CONFIRMATION OF IDENTITY (MANDATORY)**

Please provide the following to confirm the performer’s identity:

- a) photocopied evidence of **Date of Birth**; and
- b) photocopied evidence of **Signature**; and
- c) photocopied evidence of **Current Residential Address**

Most common types of identity used are: a Photo Driving License (provides all of the above), or a current Passport with a recent utility bill.

**Please note that registration cannot be completed without this evidence**

**Section 8. 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.

*Optional* – I have no objection to any use of my name, picture, likeness or approved biographical data in connection with bscAp marketing initiatives \_\_\_\_\_ *(please initial in the space provided).*

Signature: ..... Date: .....

**\*\*\*\*Please note that registration cannot be completed without this signature.**

Please sign and attach the relevant evidence of identity and address as described in Section 7 and one passport sized color photograph (or preferably a digital photo), and return this completed form, along with the non-refundable application-processing fee in the amount of \$50 (BZ) (check\*/money order) payable to bscAp, to the address below.

\*Returned checks are subject to a \$35 return check fee.

**FAILURE TO SUBMIT THE FEE WILL DELAY YOUR REGISTRATION**

**Please return your registration and supporting documentation to:**

**bscAp Membership - Performer**

**House of Culture  
P.O. Box 1100  
Belize City, Belize**

**OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE**

Date Application Rcv'd .....

bscAp Member ID.....

Effective Date of Registration: .....  
*(authorized BSCAP signatory)*

IPI No. ....