



36 Campus Avenue • West Landivar • 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 - WRITER

All sections of this form must be completed

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

First name (in full)

Pseudonyms, if any, in full

Address

Telephone Fax Email Address

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

State if you are, or have ever been, a member of any other Society administering performing/reproduction (mechanical) rights anywhere in the world. If so, give details.

Please provide details for your publishing company (e.g., publisher’s name, term of publishing contract, etc.) and provide a copy of the contract:

Do you perform your own music? If so, please provide details (e.g., performer name)

IN ORDER TO QUALIFY FOR bscAp MEMBERSHIP PLEASE COMPLETE ONE OF THE FOLLOWING SECTIONS:

a. LIVE PERFORMANCE: provide details of the most recent live performance of your musical work (e.g. gigs at clubs, pubs, restaurants and concerts etc.), and attach evidence of same (e.g., ticket stub, flyer, newspaper listing or advertisement, etc.).

Date:.....Venue Name:

Venue Address: Venue/Agent Contact:.....

b. RADIO, FILM, TELEVISION PERFORMANCE: Indicate the stations, titles of programs or films, names of producers and dates of performances.

Date: Station/Channel.....

c. INTERNET & OTHER USE:

Website Address:

Internet Usages (downloading/streaming)

Title (jingle, MP3, Music on Hold etc.):

.....
d. COMMERCIAL RECORDINGS: Provide the name(s) of artist(s), record label, label number(s), date of release, territories of release.

Release date: Title of Release:

Name of Band/Performer: Record Label:

ROYALTY 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:

I understand that if admitted, 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 apply for membership of bscAp and I understand that the submission of this completed Membership Application 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:

Along with a fully completed and signed bscAp Writer Membership Application please submit the non-refundable application-processing fee of \$50 (BZ) (check/money order payable to bscAp) and publishing contract, if applicable.

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

Please return your application and supporting documentation to:

bscAp

Membership - Writer

36 Campus Avenue

West Landivar

P.O. Box 1100

Belize City, Belize

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Application Rev'd

CAP (Composer Author Publisher) No.....

Effective Date of Admission:

(authorized bscAp signatory)

IPI No.

Date of most recent Notification of Work Form Submission

Active member as of