

NMPA Membership Application



Information:

Please complete all of the following questions:

Company Name: _____ Date Established: _____
(month/day/year)

Contact Person: _____
(person to receive all NMPA communications, including voting information)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

What is the approximate number of U.S. copyrighted musical compositions owned or administrated by your company?
_____ (Attach a copy of your catalog, or a sample listing of your most important copyright(s))

Is your company affiliated with, subsidiary to, or related to any other organization in the music, entertainment, or communications industries? ___ Y ___ N

If yes, please specify company and relationship:

Please note: Each publisher or affiliated group of publishers is treated as one member for purpose of NMPA voting and assessment of dues.

Authorization:

I represent that the above information is true and correct.

Signature: _____

Print Name: _____ Date: _____

Dues:

NMPA Dues are \$100 per year.

Check/Money order enclosed (make payable to NMPA)

Credit Card – Circle One: MC / Visa / Am. Express

Card Number

Expiration Date

Print Card Holder's Name

Authorized Signature

Billing Address

Please return completed application, copy of your catalog/sample list, and dues payment to:

National Music Publishers' Association
New Member Application
975 F Street, NW
Suite 375
Washington, DC 20004
Fax: (202) 393-6673

If you have any questions regarding the application,
please email members@nmpa.org.