

PUBLISHER MEMBERSHIP APPLICATION FORM

Please complete and print for your records.
On completion, please hit **Submit E-mail** button

Name of publishing company

Mailing Address

Telephone

Telephone (mobile)

Fax

E-mail

Is your company presently, or has it ever been, a member or of any other performing rights society? yes no

If so, which?

Is your company presently, or has it ever been, a member or of any other mechanical rights society? yes no

If so, which?

STATUS OF APPLICANT COMPANY

Incorporated Division of incorporated company

Partnership Sole Proprietorship

If division of incorporated company, name parent company

FOR OFFICIAL USE ONLY

Date application accepted

Qualifications

Date Contracts Sent

Payment received

IF INCORPORATED, please complete the following:

Officers	Position	Home Address

Directors	Home Address

Shareholders	Home Address

Text

PUBLISHER ASSIGNMENT:

indicate name(s) of Publishers(s) and submit copy (ies) of published agreements(s).

I apply for membership in the Organization and agree that, upon acceptance as a Member, I shall execute an agreement with COTT and shall abide by the Organization's By-laws and Rules as enacted from time to time by its Board of Directors.

Date

Applicant's Signature

Please note: This form must also be signed by a parent or guardian if the applicant is under legal age.

Name

Parent/Guardian signature

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