

MEMBERSHIP APPLICATION FORM

Please fill in the form and return via email:
tatiana.papastoitsi@composeralliance.org

Country					
Official name of the organization					
Year of foundation					
Number of members (total)					
Number of members in <u>APCOE</u>		in <u>ECF</u>		in <u>FFACE</u>	
Music genre(s) represented					
Postal address					
City				Postal/Zip code	
Telephone (including country and area code)					
E-mail					
Website					
Contact person				Position	
E-mail					
Delegate(s)				Position	
E-mail(s)					

We declare that we support the mission and objectives of ECSA and commit to fulfill the duties of a member (appropriate participation in ECSA activities, payment of dues, reporting, and advocacy).

We wish to join the following committee(s) of ECSA¹ as an **ASSOCIATED MEMBER**:

- APCOE
 ECF
 FFACE

Membership shall start on: (Date: dd-mm-yy)

The application form should be accompanied by a copy of the statutes.

DATE:

SIGNATURE:

¹ ECSA genre specific committees: *APCOE* committee for popular music composers, *ECF* committee for classical and art composers, and *FFACE* committee for film, audiovisual and media music composers