

## MEMBERSHIP APPLICATION FORM

Please fill in the form and return via email:

[anita.marullo@composeralliance.org](mailto:anita.marullo@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 ECSA<sup>1</sup> 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:

<sup>1</sup> 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