NMPA Membership Application



Information:

Please complete all of the follo	wing questions:		
Company Name:		Date Established:	
Contact Person:		(month/day/year)	
(person to rece	vive all NMPA communications, inclu	uding voting information)	
City:	State:	Zip:	
Phone:	Fax:	Email:	
(Attach a c	opy of your catalog, or a sample list a, subsidiary to, or related to any othe _ YN	ositions owned or administrated by your company? ting of your most important copyright(s)) er organization in the music, entertainment, or	
Please note: Each publisher or assessment of dues.	affiliated group of publishers is trea	nted as one member for purpose of NMPA voting and	
Authorization:			
I represent that the above inform	nation is true and correct.		

Signature: _____

Print Name: _____

Date:	

Dues:

NMPA Dues are \$100 per year. <u>NMPA dues for 2010 are \$0 if you register for the Late Fee Program.</u>

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

The Harry Fox Agency, Inc. 601 West 26th Street, Suite 500 New York, NY 10001 Attn: New Member Application

If you have any questions regarding the application, please email publisherservices@harryfox.com.