VG MUSIKEDITION

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Membership application for Music Publishers
Please fill in this form with the free Adobe Reader or well legibly in block capitals and send it to info@vg-musikedition.de via e-Mail or per mail at the above mentioned address.

Please enclose to this form:	Copy of the business registration or excerpt from the commercial register		
Complete Publisher Name:			
Legal Form:			
Street / PO box:			
Zip Code / Place:			
Telephone / Fax:			
Contact persons			
For general information / notific	<u>cations</u>		
Name			
E-Mail			
Name			
E-Mail	Telephone		
Name			
E-Mail	 Telephone		
<u>For distributions</u>			
Name			
E-Mail	 Telephone		
Name			
E-Mail	Telephone		
For legally binding notifications	(only one contact possible!)*		
Name			
E-Mail			

^{*} for the invitation to the members' meeting and further legally binding notifications.

Financial information				
Bank:				
IBAN Subject to VAT:	BIC	BIC Tax number or VAT number		
Bank account in the US:				
Street	Zip Code /	Zip Code / Place		
SWIFT-Code		ABA Routing Number		
Information about owner, director	or general partner			
(when several persons add annex if neo	•			
Name		First Name		
Date of birth Plac	e of birth	Citizenship		
<u>Further Information</u>				
Copyright:				
	Verband Bildungsmed	dien rted immediately to VG Musikedition!		
I declare that all information provided and to sign the right agreement with t	herein is true and tha	at I am authorized to apply for the music publisher		
Should information change, I will imme		sikadition		
With the following signature I apply for	, ,			
Place, Date	Stamp/	 o/ Legally binding signature		