

“Music License Only” Fee

NFDA offers the lowest rate available in funeral service—only \$231

You are eligible for the \$231 “Music License Only” fee if you are a member of at least one of the following associations: NFDA, NFD&MA, OGR, SIFH, CANA or an NFDA federated state association (choice or partnership).

The three licensing organizations, BMI, SESAC and ASCAP, have your funeral home on file as previously having a music license. **The 1984 U.S. Copyright Law requires a music license for all establishments. With NFDA, you pay only \$231** to avoid penalties of up to \$30,000. **Don’t take that risk.** You’ll have peace of mind through Dec. 31, 2012 in knowing you’re not violating the law.

To sign up for this special offer, fax this form to NFDA at 262-789-6977.

I am a member of (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> National Funeral Directors Association | <input type="checkbox"/> Cremation Association of North America |
| <input type="checkbox"/> National Funeral Directors & Morticians Association | <input type="checkbox"/> Selected Independent Funeral Homes |
| <input type="checkbox"/> International Order of the Golden Rule | <input type="checkbox"/> State Association _____ (name of state) |

Locations to be licensed: (To list additional locations, please make copies of this form.)

Main Location:

Additional Location:

Additional Location:

| | | |
|---|---|---|
| Company _____ Mailing Address _____ Street Address _____ City, State, Zip _____ Phone _____ Fax _____ Email _____ Website _____ | Company _____ Mailing Address _____ Street Address _____ City, State, Zip _____ Phone _____ Fax _____ Email _____ Website _____ | Company _____ Mailing Address _____ Street Address _____ City, State, Zip _____ Phone _____ Fax _____ Email _____ Website _____ |
|---|---|---|

Total # of Locations _____ **x \$231 = \$** _____ **Amount Due** * Fax Back to NFDA at: 262-789-6977 *

Signature _____ Contact Person (please print) _____

For Credit Card Payment:

- American Express
 Discover
 MasterCard
 Visa

Card Number _____ Exp. Date _____

If paying by check, send a copy of this form, with payment made out to:

National Funeral Directors Association
 13625 Bishop’s Drive
 Brookfield, WI 53005-6607



National Funeral Directors Association
 *Informs *Educates *Advocates