



APPLICATION FOR CAPASSO MEMBERSHIP COMPOSER

Return completed form by way of fax, email or post to:

CAPASSO Membership
PO BOX 360
Parklands
2121

Email: membership@capasso.co.za

Tel: (011) 447-8870

Fax: (011) 447-1960

You can also complete the application form available online
at www.capasso.co.za

PLEASE NOTE:

1. Should your application be approved, we will advise you via email, post or fax.

Please note that communication sent to you by way of email is deemed to have been received by you in terms of the Electronic Communications and Transactions Act no 25 of 2002.

2. CAPASSO Annual Membership Fees are R100.00 per annum and are due on 1 January every year
3. Use your full name and surname as reference on the deposit slip
4. Please note that the membership application process is only complete once your first Annual Membership Fee is received.
5. We would appreciate regular updated song catalogue listings, in order that we may register your songs on our database and ensure collection of your income.
6. Please note that you cannot belong to more than one Mechanical Rights' organisation in the same territory (South Africa).
7. Whilst the onus is on the user to notify us of the reproduction of your Works, it is vital that you, as Rightsholder, are as vigilant as possible in also notifying us of such use.
8. CAPASSO Banking details:
Bank: First National Bank
Branch: Sandton
Branch code: 25-46-05
Account no: 62472280884

DETAILS

(COMPOSER APPLICANT)

Title: _____

Name: _____

Pseudonyms/Stage names: _____

Date of Birth: _____

Place of Birth: _____

Identity number: _____

Nationality: _____

Gender: _____

Home language: _____

Postal Address: _____

Telephone number/s: _____

Fax number: _____

Cell number: _____

Email Address: _____

Are you a member of other Rights Administration Organisations (e.g. SAMRO, DALRO, and PRS)? If so, please state which one/s:

Are you a member of CASA?

BANKING DETAILS

Name of Account Holder: _____

Bank: _____

Branch: _____

Branch Number: _____

Account Number: _____

Type of Account: _____

*** PLEASE ATTACH TO THIS DOCUMENT:**

1. Biography
2. Copy of ID document/Passport of signatory
3. Bank account confirmation

ADDITIONAL INFORMATION

(Composer Member Applicant)

Performers of your music (Self/Others/Both):

If others, please specify:

Has your music been recorded?

If by other artists, please specify below:

NAME OF ALBUM	ARTIST/BAND	COUPLING NUMBER

DETAILS OF NEXT OF KIN

NOTES

- Please list only one next of kin
- Contact details of your next of kin are very important
- Please attach your biography to this form

Full Names _____

Relationship To You _____

Address _____

Tel No. _____ Cel No. _____

Email Address _____

Fax _____

Has your music been broadcast?

If yes, please specify (e.g. DSTV, SABC, ETV)

TITLE/S	PROGRAMME	YEAR IN WHICH RECORDED

DECLARATION

I, _____

hereby apply to be admitted as a Composer Member of the Composers, Authors and Publishers Association (CAPASSO).

If admitted, I agree to abide by CAPASSO's Membership Rules. I hereby declare that I am not a member of any other mechanical rights' organisation in South Africa, and that the details contained in this Application Form are correct.

Signature:

Date: _____