

APPLICATION FOR A BAND PSEUDONYM

Form to complete only if you are a member of a band.

We, the undersigned:

Mr Mrs Role : Author Composer

Last name

First name

Address :

Signature :

Mr Mrs Role : Author Composer

Last name

First name

Address :

Signature :

Mr Mrs Role : Author Composer

Last name

First name

Address :

Signature :

Mr Mrs Role : Author Composer

Nom

Prénom(s)

Adresse :

Signature :

Mr Mrs Role : Author Composer

Last name

First name

Address :

Signature :

Mr Mrs Role : Author Composer

Last name

First name

Address :

Signature :

Certify together form the band:

And ask Sacem to assign us this band pseudonym.

Signed at (place) this (date)

Please return this form at societaires@sacem.fr or by mail at :
Sacem
Accueil sociétaires
225 avenue Charles-de-Gaulle
92528 Neuilly-sur-Seine Cedex
France

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