



# RAAP

Ireland's Performers Collection Agency

Recorded Artists Actors Performers

RAAP House, 15 Carysfort Avenue, Blackrock, Co. Dublin.

TEL: (01) 278 8724 FAX: (01) 278 8722 Email Address: info@raap.ie

# MEMBERSHIP APPLICATION FORM

Membership Checklist - Please include:

■ Completed Discography Form

■ COPY of your Passport/Driving Licence

Please tick box ✓

## PERSONAL/PROFESSIONAL DETAILS

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Business): \_\_\_\_\_

Telephone (Mobile): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Professional Name(s) if different -

(a) Personal: \_\_\_\_\_

(b) Group/Ensemble: \_\_\_\_\_

VAT Number (if applicable): \_\_\_\_\_

Are you ordinarily Registered in Ireland for tax purposes?

Please tick box ✓  yes  no

## IDENTIFICATION DETAILS

Date of Birth: DD - MM - YYYY \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Gender:  Male  Female

## BANK DETAILS

Bank: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Account Name: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

IBAN: \_\_\_\_\_

BIC/SWIFT: \_\_\_\_\_

## PAYMENT DETAILS

Please write the name you wish to be printed on the Royalty Statement (if not your personal name).

\_\_\_\_\_  
\_\_\_\_\_

## OTHER SOCIETY DETAILS

Are you a member of any other collecting society or organisation either in Ireland or abroad which may make payments to you in respect of

(i) Any broadcast of your recorded performances

(ii) Public performance of recordings or performances

(iii) Any form blank tape levy or any other use of your recorded performances?

Please tick box ✓  yes  no

Give details of the society and/or territories covered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I appoint RAAP to collect and receive on my behalf any conventional and legal remuneration owed to me as equitable remuneration arising in accordance with the local legislation applicable in the Territory including without limitation all remuneration in respect of private copy, private audiovisual copy, rental, lending, public performance, broadcast and cable transmission from any neighbouring rights society and to receive any information and documentation relevant to the collection of the above remuneration. I acknowledge that, on becoming a member of RAAP, I will be bound by its constitution and rules and regulations properly made by the organisation.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Discography - Yes \_\_\_\_\_ No - Contacted \_\_\_\_\_ ID - Yes \_\_\_\_\_ No - Contacted \_\_\_\_\_

Membership Number \_\_\_\_\_ Finalised & Notified \_\_\_\_\_ Registered by \_\_\_\_\_