



RECORDED ARTISTS ACTORS PERFORMERS

Recorded Artists Actors Performers CLG
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

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.

Signed: _____

Date: _____

FOR OFFICE USE ONLY

Date Received _____ Discography - Yes _____ No - Contacted _____ ID - Yes _____ No - Contacted _____

Membership Number _____ Finalised & Notified _____ Registered by _____