

'Music License Only' Fee

OGR through its partnership with the Funeral and Memorialization Information Council (FAMIC) and its affiliation through NFDA, offers members the same music licensing fee as that paid by NFDA members—the absolute lowest rate in the industry.

You are eligible for the **\$223 "Music License Only" fee** if you are a member of at least one of the following associations: NFDA, NFD&MA, OGR, ICCFA, CANA or an NFDA federated state association (choice or partnership).

The 1984 U.S. Copyright Law requires a music license for all establishments. **With NFDA, you pay only \$223** to avoid penalties of up to \$30,000. **Don't take that risk.** You'll have peace of mind through **December 31, 2010** in knowing you're not violating the law.

To sign up for this special offer, fax this form to NFDA at 262-789-6977. If you have any questions, please contact OGR at 800-637-8030.

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"/> International Cemetery, Cremation and Funeral Association |
| <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 _____ | Company _____ | Company _____ |
| Mailing Address _____ | Mailing Address _____ | Mailing Address _____ |
| Street Address _____ | Street Address _____ | Street Address _____ |
| City, State, Zip _____ | City, State, Zip _____ | City, State, Zip _____ |
| Phone _____ Fax _____ | Phone _____ Fax _____ | Phone _____ Fax _____ |
| Email _____ | Email _____ | Email _____ |
| Website _____ | Website _____ | Website _____ |

Total # of Locations _____ x \$223 = \$ _____ **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

