



# Emergency Contact Form

## MEMBER INFORMATION

Member Name (first, middle initial, last): \_\_\_\_\_ Member Code: \_\_\_\_\_

Publisher (List if publisher is owned or controlled by writer member): \_\_\_\_\_ Member Code: \_\_\_\_\_

Please list the contact information of whom ASCAP should contact in case of an emergency

IMPORTANT: I am filling out this form for the first time (please mark):

Yes  No  I am updating from a previous form

### FIRST EMERGENCY CONTACT:

### SECOND EMERGENCY CONTACT:

\_\_\_\_\_  
*(name: first, middle initial, last)*

\_\_\_\_\_  
*(name: first, middle initial, last)*

\_\_\_\_\_  
*(address 1: street, city, state, zip)*

\_\_\_\_\_  
*(address 1: street, city, state, zip)*

\_\_\_\_\_  
*(address 2: street, city, state, zip)*

\_\_\_\_\_  
*(address 2: street, city, state, zip)*

\_\_\_\_\_  
*(home phone)*

\_\_\_\_\_  
*(home phone)*

\_\_\_\_\_  
*(cell phone)*

\_\_\_\_\_  
*(cell phone)*

\_\_\_\_\_  
*(email)*

\_\_\_\_\_  
*(email)*

ASCAP may use the above information in the event of a mail return, unclaimed distribution(s), or other instance where ASCAP seeks to contact the Member or Member's estate and current information is inadequate. ASCAP regards the emergency contact information that you provide as confidential and will not use it for any other purpose other than as set forth herein. This form does **not** serve as a "beneficiary designation" and does not otherwise establish a successor to any ASCAP membership(s) right or interest in the event of the Member's passing.

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### RETURN THIS FORM BY MAIL, FAX or EMAIL TO:

ASCAP  
Member Services Dpmt.  
One Lincoln Plaza  
New York, NY 10023-7129

Fax: (212) 595-3276  
Subject Line:  
Emergency Contact Form

Scan and Email to  
info@ascap.com  
Subject Line:  
Emergency Contact Form

For more information:  
Phone: (800) 95-ASCAP  
or (800) 952-7227  
www.ascap.com