



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