



Change of Address Notification

Instructions

- Please use this form to notify ASCAP of any change in your address or telephone number.
- For your own protection, change requests must be in writing and signed by the member. For individual writer members, this means your personal signature is needed. For a publisher member, you need to have the signature of the designated representative as noted in ASCAP's records.
- If you need to change both your writer and publisher address information, please submit one form for each.
- No changes can be accepted by phone or email.

Dear ASCAP Member Services:

Please make the following address and contact changes on behalf of: *(check one)* Writer Member Publisher Member

Member Name _____

Member Code _____ Social Security or Tax ID # _____

New Address for **CORRESPONDENCE**:

(street address)

(address line 2)

(city, state, zip)

(telephone number)

(fax number)

(email)

New Address for **ROYALTY PAYMENTS**: *(if different than Correspondence)*

(street address)

(address line 2)

(city, state, zip)

(telephone number)

(fax number)

(email)

Please attach a separate sheet if you wish to provide any additional, relevant information.

Submitted by
Signature: _____

If a Publisher Member _____ (print)
(Designated Representative/Corporate Officer and Title)

RETURN THIS FORM BY MAIL OR FAX TO:

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

Fax: (212) 595-3276

For more info:

Phone: (800) 95-ASCAP or (800) 952-7227

www.ascap.com