

ASCAP WRITER RESIGNATION NOTIFICATION FORM



We regret your intention to resign. As a member-owned performing rights organization, we think that there are many advantages to continuing your membership with ASCAP. If you wish to discuss continuing your membership, please call us.

INSTRUCTIONS:

- Important Notice:** You must personally sign this form, and fill out all parts of Section 1. No other signature or form of notice will be accepted. This form, fully completed, must be received at the address given below by the appropriate deadline.
- Deadlines:** We must receive this form no more than 9 months nor less than 6 months before your effective resignation date. Your effective resignation date is the first day of the calendar quarter following the anniversary of your election date. For example, if your election date was September 15, your effective resignation date would be October 1, and we must receive this fully completed and signed form no sooner than the previous January 1 nor later than the previous April 1.
- Further Information:** All procedures related to your membership resignation and handling of your catalog are set forth in ASCAP's Compendium of Rules and Regulations, and Policies Supplemental to the Articles of Association. A complete copy can be found on ASCAP's web site www.ascap.com.
- Inquiries:** Should you have any questions about how to determine the deadline for receiving this form or any other questions related to resignation, please call us at 1-800-95ASCAP, or e-mail us at info@ascap.com.

SECTION 1 – MEMBERSHIP INFORMATION (COMPLETE ALL SPACES)

LAST NAME _____	FIRST NAME _____	MIDDLE INITIAL (IF ANY) _____
SOCIAL SECURITY NO. OR TAX ID NO. _____	ASCAP MEMBERSHIP CODE _____	MEMBERSHIP ELECTION DATE ____/____/____ (MM/DD/YY)

SIGNATURE _____ DATED: _____

SECTION 2 – FUTURE LICENSING OPTIONS

If you would like ASCAP to continue to license all of the works you have written that are assigned to ASCAP, and continue to pay royalties to you for performances of those works, you do not need to complete this section of the form.

If, however, you would like to remove some or all of your works from the ASCAP repertory, you may do so, subject to ASCAP's rules and regulations pertaining to resignation including those concerning continuing members-in-interest and licenses-in-effect.

[] Please check here if you would like to remove some or all of your works. We will then send you further instructions.

PLEASE MAIL COMPLETED FORM TO:

**ASCAP RESIGNATION NOTIFICATION
P.O. BOX 231178
New York, New York 10023**