

**PROPHON
MEMBERSHIP
APPLICATION FORM**

FROM: (please state following details)					
Company:					
Object of activity:					
Address:					
Type (mark true):	Physical body	LTD	JSCO	Corp.	Other
Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>	Other <input type="checkbox"/>		
VAT reg. No.:				Personal ID:	
Phone:	Mob.:		E-mail:		
Official representative:					

TO: The Board of Collecting Society of Neighbouring Rights of Phonogram Producers and Performing Artists in Private Interest "PROPHON"	
Address:	Bulgaria, 1463 Sofia, 77 Tzar Assen Str.; E-mail: office@prophon.org

Please consider my request,		
To be admitted to membership in the Collecting Society of Neighbouring Rights of Phonogram Producers and Performing Artists in Private Interest "PROPHON".		
I declare, that I am acquainted and accept the Statute of the Society, as well as all documents, voted and adopted by the General Assembly and the agreements of the Society with third parties and organizations.		
I am applicant for membership in my capacity of:		
(Representative of) Producer(s)	Exclusive Licensee	(Representative of) Performing Artist(s)
(please strike through the unduly)		

Date:

For the applicant:

.....

(full name and/or company name)

(Signature)