



APPLICATION FOR MEMBERSHIP - FORM C/A (Author/Composer) DOC/F 001

(Filling in this form does not guarantee you membership at MCSK)

Section 1. Applicants Details

1. a. Surname/name of group _____
b. First name _____ c. Pseudonym/Stage Names _____
2. a. Date of Birth _____ b. Place/country of Birth _____
c. Nationality _____ d. Country of residence _____
e. Marital Status _____ f. National ID/Passport No _____

Section 2. Address:

Address: _____ Post Code: _____ Town/City _____

Tel: _____ Mobile: _____

E-Mail: _____ Alternative Address: _____

PREFERRED REGION

NAIROBI ☐ COAST ☐ CENTRAL ☐ RIFTVALLEY ☐ NYANZA ☐ EASTERN ☐ WESTERN ☐

Section 3. Category of Membership: (Tick where appropriate)

Composer _____ Author _____ Arranger _____ Publisher _____

Section 4. Other Societies

Are you a full member of any collecting society? If Yes please give details: _____

Please give membership number(s) (if known): _____

Section 5. Territorial Assignment

State the territory in which rights are to be administered _____

Section 6. Payment Details

Bank Name: _____ Bank Address _____

A/c No; _____ Branch _____

Section 7. Representative (Next of Kin)

Contact name: _____ Tel: _____

Address: _____

ID/Passport No. _____ Relationship: _____

Section 8. Others

- a. Are you in any full time employment other than being a composer/author? Yes _____ No _____
- b. If yes please state the name of the Company/Organisation. _____
- Address _____

SECTION 9: Others

- a. Is your music played on any Radio Or TV Station? YES ☐ NO ☐
- If yes please state the name of the TV/Radio Station. _____
- _____, _____, _____, _____, _____
- b. Attach a stamped letter from the above mentioned Radio/TV station to prove this.

- a. Is your music played in any public place? Yes _____ No _____
- b. If yes please state the name of the premises. _____
- _____

Section 10. Others

I/we understand if admitted, my/our membership will be subject to the Memorandum and Articles of Association of the Society and that my/our rights, obligations and liabilities as a member(s) will be governed by the Memorandum and Articles of Association and all rules and regulations.

Section 11. Applicant and Guarantors Sign

Applicant

Name(s): _____ Sign: _____ Date: _____

Guarantor's Name (Minimum of one year of membership) _____

Membership No: _____ Sign _____ Date: _____

Section 12. FOR OFFICIAL USE ONLY- TO BE COMPLETED BY REGIONAL MANAGERS/DOCUMENTATION OFFICER

I verify that the above applicant's music is played in the above named premise/s on various occasions.

Managers Name _____

Sign: _____ Date: _____

MCSK OFFICIAL STAMP