



**SAMRO**  
Southern African Music Rights Organisation

NON-PROFITMAKING – NO SHARE  
CAPITAL LIMITED BY GUARANTEE  
AFFILIATED TO THE INTERNATIONAL  
CONFEDERATION OF COPYRIGHT  
SOCIETIES–CISAC  
(Reg. No. 1961/002506/07)

P O Box 31609  
Braamfontein 2017  
TEL: (011) 712 8000  
FAX: +27(0)86 674 4391  
Email: [24-7@samro.org.za](mailto:24-7@samro.org.za)

## COMPOSER / AUTHOR APPLICATION FOR SAMRO MEMBERSHIP

### INSTRUCTIONS

1. PLEASE USE BLOCK LETTERS AND A BLACK PEN TO COMPLETE.
2. PLEASE ATTACH A COPY OF YOUR ID / PASSPORT TO THE COMPLETED APPLICATION.

### A. PERSONAL DETAILS

#### Title

Mr	Ms	Mrs	Dr	Prof	Rev
----	----	-----	----	------	-----

#### Surname

#### Full Name(s)

#### ID / Passport Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

#### Date of Birth (YYYY-MM-DD)

--	--	--	--	--	--	--	--

**Residential Address**

--

**Postal Address**

--

**Country of Birth**

--

**Nationality**

--

**Gender**

Male	Female
------	--------

**Contact Details**

Tel (H/W)	
Cell / Mobile	
E-mail Address	

## Contacts / Next of Kin

### Title

Mr	Ms	Mrs	Dr	Prof	Rev
----	----	-----	----	------	-----

### Full Name(s) and Surname(s)

<b>1</b>	
	<b>Tel:</b> <b>e-mail Address:</b>
<b>2</b>	
	<b>Tel:</b> <b>e-mail Address:</b>
<b>3</b>	
	<b>Tel:</b> <b>e-mail Address:</b>

## B. BANKING DETAILS

**Bank Name**

**Account Holder**

**Account Number**

**Account Type**

Cheque	Savings / Mzansi	Transmission	Other
--------	------------------	--------------	-------

**Branch**

**Branch Code**

## C. RIGHTS TO BE ADMINISTERED BY SAMRO

**Performing Rights**

**Mechanical Rights**

**DECLARATION**

I hereby apply to be admitted as a member of SAMRO in terms of its Memorandum and Articles of Association. If admitted, I agree to abide by the terms of those documents as well as SAMRO's Rules and Regulations.

I hereby declare that I am not a member of any Performing and / or Mechanical Rights organisation or society in any other country, or SAMRO territory and that the details contained in this Application Form are correct.

Signed at
-----------

On this day of	20
----------------	----

**Applicant's Signature**

--

*(The form must be signed by your parent / guardian if you are 18 years of age).*

**Return completed form to:**  
SAMRO Writer Services Department  
P.O. Box 31609  
Braamfontein  
2017