



MEMBER FORM - UNDERAGE MEMBER

FULL LEGAL NAME OF UNDERAGE MEMBER (First Name, Middle Name, Last Name):

MEMBER # / APPLICATION CONFIRMATION #:

NAME OF AUTHORIZED REPRESENTATIVE PARENT/ GUARDIAN:

is authorized to perform transactions in regard to the above-named member and, as such, DUCAPRO is authorized to accept, until further notice, information/requests relating to the member's account(s) as filed by the designated authorized representative, parent or guardian of the underage member. Authorized information/requests include: change of address and/or profile information, work registrations/revisions to registrations, requests for advance, request for past statements, copies of DUCAPRO agreements, request for earnings information, online access to my account, including statements/catalogue information.

All correspondence and statements should be sent in care of the following:

Member/ Authorized Representative/ Parent/ Guardian Name (please print):

Street Address:

City and Country:

Telephone: (_____) _____ E-mail: _____

It is understood by me that insofar as composer, lyricist and publisher royalty payments are concerned, DUCAPRO's rules provide that it cannot make payments to any party other than to the composer, lyricist or publisher member, pursuant to the rules of DUCAPRO, and this authorization shall not be deemed to vary this rule in any manner whatsoever. It is expressly understood that DUCAPRO will mail all income tax forms as applicable in the name of the member as the recipient of the royalty distribution to the address of the authorized representative, parent or guardian of the underage member, and that it is the authorized representative's, parent's or guardian's responsibility to deal with all related tax issues and that the authorized representative, parent or guardian will be acting on behalf of the listed underage member.



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DUCAPRO-related voting ballots may only be completed by the member. (E)Mail all DUCAPRO-related voting ballots in member's name care of the Parent/ Guardian of the underage member at the address noted above.

Member Name (please print), Member Signature, Date

Parent/Guardian Name (please print), Authorized Rep/Parent/Guardian Signature, Date

Witness Name (please print), Witness Signature, Date

DUCAPRO is committed to protecting the privacy of its members and adheres to these laws. This means that we protect personal information about our members. We will not use or disclose personal information for purposes other than for which it was collected, and in the case of underage members, except with the consent of the underage member's authorized legal representative, parent or guardian, or as required by law. For further information regarding DUCAPRO's Privacy Policy, go to www.ducapro.com