



# Change of Address Notification

## Instructions

- Please enclose \$25.00 payment for **each** form submitted (select payment method below)
- If the change pertains to both a Writer and Publisher party, separate Change of Address Notifications must be initiated.
- **There is no service charge for parties who update their address/contact info via Member Access ([members.ascap.com](http://members.ascap.com))**
- If form is submitted without payment, it will be discarded.
- Address changes cannot be accepted by phone or email.

Dear ASCAP Member Services:

Please make the following address/contact changes on behalf of: *(check one)*     Writer     Publisher     Successor/Legal Earner

Party Name: \_\_\_\_\_ Submitted by Signature: \_\_\_\_\_

Member ID: \_\_\_\_\_ Social Security or Tax ID #: \_\_\_\_\_

### New Address (**CORRESPONDENCE**)

### New Address (**ROYALTY PAYMENTS**) *(if different than Correspondence)*

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(address line 2)

\_\_\_\_\_  
(address line 2)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(telephone number)

\_\_\_\_\_  
(telephone number)

\_\_\_\_\_  
(email)

\_\_\_\_\_  
(email)

### Payment Method *(check one)*:

Visa             MasterCard             Discover             Check Enclosed     Money Order Enclosed

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV# (3 digit number on back of your card): \_\_\_\_\_

Please attach a separate sheet if you wish to provide any additional, relevant information. There may be additional charges for services other than an address/contact update.

## RETURN THIS FORM BY MAIL OR FAX TO:

ASCAP  
Member Services Department  
One Lincoln Plaza  
New York, NY 10023-7129

Fax: (212) 595-3276  
  
For more information:  
Phone: (800) 95-ASCAP or (800) 952-7227  
[www.ascap.com](http://www.ascap.com)