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| JAMAICA MUSIC SOCIETY (JAMMS)  (A non-profit company incorporated under the Laws of Jamaica) |
| **APPLICATION FOR AFFILIATION - PERFORMER** |

All applicable sections of this form must be completed.

**SECTION1 (PERSONAL INFORMATION**

Title……………………… Full Legal Name ………….……………………..………………………………………………………………………………..

Mr./Mrs./Ms. First Middle Last

**Alias** (List all other names that you have used or currently use as a Performer)

……………………………………….. ………………………..…………….. ……………………….………………. ……………..……………..…………

Date of Birth ……………………………………………..………… Country of Birth: ……………………………………….………….…………

DD/MM/YYY

Country of Residence: ………………………………………..……………….. Citizenship: …………………………………….…………………….

Are you a Citizen or Permanent Resident of any other Country? No Yes (please state) ……………………….............



Taxpayer Number: ………………………………………………….. TRN TIN Other (please state) …………………………………

Telephone No. ……………….………………………….. ……………………………..……..………….. ………………………………..……………..

**Email Address (Compulsory requirement): …………………………………………………………………………………………………………**

Mailing Address:

………………………………………………………………………………………………………………………………………………………………………………

Street Community Parish/City State Country

**SECTION 2 (REPRESENTATION)**

State if you are, or have ever been, a member of any other Collecting Society/Organization which administers rights of Performers, anywhere in the world. If yes, give the name of the Society, Country, and the period of time since you have been or were a member.

…………………………………………………………………………………………………………………………………………………………………………………

**Do you wish for JAMMS to collect Performers’ royalties for you from international territories? ………………………..**

**Any territory/ies to be excluded? ……………………………………………………………………………………………………………………...**

**(We currently do not collect performers’ royalties in Jamaica).**

**OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Registered No: …………………………………………………………………………. Indent. No:………………………………………………………

Effective Date of Admission …………………………………………………….. No…………………………………………………………………….

**SECTION: 3 (PERFORMANCE CATEGORY)**

1. Indicate which category of Performer you are:

**Artist (Singer/DJ/SingJay/Other)** 

**Musician (Player of Instrument). State Instrument/s ……………………………………………………………………….**

**Backing Vocalist** 

1. Provide a sample list of your most popular performances that have been recorded and released **(See Song Registration Sheet)**

Performer name Song title Record Label Artist/Musician/Backing Vocalist? Year of Release

1 ……………………... ….………………………………….. ………………………… ……………………………. ..……….

2 ……………………... ….………………………………….. ………………………… ……………………………. ..……….

3 ……………………... ….………………………………….. ………………………… ……………………………. ..……….

**SECTION 4 (MEMBERSHIP TYPE)**

How many recordings have you performed on to date? Tick appropriate box A or B below



**10 Recordings or Less More than 10 Recordings** 

**If less than 10 sound recordings, the Performer must provide proof of sound recording/s being playlisted in the USA, UK or other major music market.**

**SECTION 5 (Payment Notice)**

Applicants and members wishing to designate their royalty income to a Next of Kin or other person upon death, must provide JAMMS with sufficient authority to do so:



1. Do you have a Will? Yes No
2. If you have a will, have you indicated in the will how your musical assets, musical rights and royalties are to be shared, upon your passing? Yes No

If there is no Will, in existence, upon your death, that tells how your assets, including music copyright/royalties, are to be shared, JAMMS cannot and will not pay royalties to anyone, unless as instructed by the Administrator General’s Department, after your ‘estate’ has been settled.

SECTION 6 (MEMBER PAYMENT DETAILS)

We distribute royalty payments to our members/affiliates by Cheque or via Direct Transfer to a designated commercial bank account.

**For Jamaica Bank Accounts**

**CURRENCY J$**

Name of Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on the Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Savings or Chequeing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENCY US$**

Name of Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on the Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Savings or Chequeing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**International Wire Transfer (for non-Jamaica bank accounts)**

Payee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payee Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currency for Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number/IBAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SWIFT BIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intermediary Bank Name and Address (if Payee not in US but wants payment in US Currency):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 7 Next of Kin**

Who do we contact if we cannot locate you?

Name………………………………………………………………………….Relation: ………………………….………………………………………………….

Address………………………………………………………………………Tel No. 1: ………………………………Tel No. 2:…………………………….

**SECTION 8 (ALTERNATE CONTACT INFORMATION**

Instagram Account: ……………………………………………………..Twitter Account: ………………………………………………………….

Facebook Account: …………………………………………………………………………………………………………………………………………………

**Section 9 (Applicants Declaration)**

I hereby apply to become an Affiliate member of JAMMS.

I attach hereto the **Notification of Works Form (Song Registration Sheet)** or will submit electronically , by email by (date) ……………………………………………………………... .

I warrant and represent that all of the information on this application is true. I acknowledge that any agreement between me and JAMMS will be entered into in reliance upon the representation contained in this application and that the agreement will be subject to cancellation if any question herein is not answered fully or accurately.

Signature:……………………………………………………………………………..Date:………………………………………………………………………

(if applicant is under 18 years of age, the parent or legal guardian must sign on his/her behalf)