

MEMBERSHIP APPLICATION

DATE: _____

NAME OF APPLICANT/ORGANISATION: _____

REGISTRATION NO. OF COMPANY/CLOSE CORPORATION: _____

DATE OF REGISTRATION: _____

TEL: _____ FAX: _____

CELL: _____ EMAIL: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

FULL NAMES OF PARTNERS/DIRECTORS/MEMBERS: _____

NOMINATED CONTACT PERSON: _____

HOW LONG HAS YOUR COMPANY: _____

a) BEEN IN OPERATION: _____

b) PRESSING AND DISTRIBUTING PRODUCT: _____

CONFIRMATION OF MANUFACTURE

WE _____

HEREBY CONFIRM THAT WE ARE THE MANUFACTURERS OF PRODUCT FOR

NAME OF MANAGING DIRECTOR OF MANUFACTURER: _____

TEL: _____ **FAX:** _____

SIGNATURE: _____ **DATE:** _____

*** PLEASE SIGN AND STAMP AS PROOF OF MANUFACTURE.**

CONFIRMATION OF DISTRIBUTION

WE _____

HEREBY CONFIRM THAT WE ARE THE DISTRIBUTION OF PRODUCT FOR

NAME OF MANAGING DIRECTOR OF DISTRIBUTION: _____

TEL: _____ **FAX:** _____

SIGNATURE: _____ **DATE:** _____

DO YOU USE AN OVERSEAS COMPANY TO MANUFACTURE YOUR PRODUCT
YES/NO

NAME AND ADDRESS OF OVERSEAS COMPANY: _____

**IF AN OVERSEAS COMPANY DOES YOUR MANUFACTURE WHICH ORGANISATION
DOES YOUR DISTRIBUTION?**



**IF YOU DO YOUR OWN DISTRIBUTION PLEASE SUBMIT A LIST OF RETAILERS/
OUTLETS/ MAIL ORDER ETC. WHICH YOU SUPPLY: _____**

LIST YOUR SIGNED MAJOR ARTISTS:

NAME OF ARTISTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THE APPLICANT ACKNOWLEDGES THAT HE IS AWARE THAT ALL RISA MEMBERS ARE BOUND BY A COMPREHENSIVE SET OF RULES AND REGULATIONS AS WELL AS A CODE OF CONDUCT, COMPLIANCE WITH WHICH IS CLOSELY MONITORED BY THE RISA SECRETARIAT.

THE APPLICANT FURTHER ACKNOWLEDGES THAT SHOULD HE BECOME A MEMBER OF RISA HE WILL BE OBLIGED TO BE BOUND BY THE AFOREMENTIONED CODE OF CONDUCT AND RULES AND REGULATIONS AS AMENDED FROM TIME TO TIME. THE APPLICANT ALSO UNDERTAKES TO ACQUAINT HIMSELF AND TO REMAIN ACQUAINTED WITH THE SAID RULES AND REGULATIONS AND CODE OF CONDUCT.

SIGNED: _____

NAME: _____

DESIGNATION: _____

