RECORDED ARTISTS AND PERFORMERS
24 BEACON COURT, SANDYFORD, DUBLIN 18
TEL : (01) 293 4999 FAX : (01) 293 8980
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Discography Form

Membership Number: .....

Membership Name: .....

Alias & Previously Used Names: .....

PLEASE WRITE CAREFULLY

Discography information is entered manually onto a database. Illegible information will not be entered and claims could be lost.

You may photocopy this form if you need extra space.

Track Title	Album Title	Main Artist / band / orchestra / ensemble	Role(s) e.g. vocals, guitar	Record Company	Catalogue Number	Country of Recording	Year of Release / Recording	Contribution Category / Featured / Non Featured

Declaration I certify that the information on this form is to the best of my knowledge true and accurate at the date of my signature. I understand that the warranty and representation I have given may render me liable to criminal charges if I knowlingly provided false information with the intention of dishonestly claiming payments I know are not mine. R.A.A.P. retains the right to reclaim any money received by performers by fraud, negligence or simply sent in error.

Signed: ..... Date: ..... Sheet No. ☐ of ☐