

**PUBLISHER'S AFFILIATION FORM**

This form gives us the information we need to ensure that we can properly manage the licensing of your works and that you get paid promptly.

**COMPANY DATA**

Publisher Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ URL: \_\_\_\_\_

Parent Company (if applicable): \_\_\_\_\_

Business Number (BN) (for income tax purposes): \_\_\_\_\_

Subsidiary Companies (please attach separate list if necessary): \_\_\_\_\_

**AFFILIATE USER ACCOUNT ADMINISTRATOR**

Please indicate a person within your organization who has the authority to adjust your company's records in our Rights Management System database.

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**CONTACT PERSON FOR PERMISSIONS**

The Canadian Copyright Licensing Agency maintains a large bibliographic/rights database. Please indicate a contact person within your organization responsible for similar records. If necessary, list or attach a separate contact person for each of your business sectors.

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact Person for Royalty Distribution (if different from above):**

If necessary, list or attach a separate contact person for each of your business sectors.

Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PUBLICATION DATA**

Your publications will be covered by the Affiliation Agreement except works which you specifically exclude. Please notify us in writing of any exclusions according to section 2.7 of the Affiliation Agreement.

**Please list or attach the following information:**

In order to attach your corporation to all of the Canadian imprints and publishing lines that you administer or control, please provide the following:

1. List all ISBN prefixes that apply to your Canadian books: (for example, 0770000177):

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2. List all the imprints under which you publish, for which you are entitled to receive copyright royalties:

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3. Identify all foreign imprints, including ISBN prefixes, for which you have rights in Canada:

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4. List the titles and ISSNs for all your Canadian serials:

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5. List all industry organizations to which you belong:

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**RIGHTS LICENSED TO THE CANADIAN COPYRIGHT LICENSING AGENCY:**

In affiliating with The Canadian Copyright Licensing Agency, you are permitting us to license the activities listed for the Basic Right (Print to Print) and Retransmission Right as outlined in Appendix A.

Your specific approval is needed for us to license the following Rights: (please check appropriate box).

Digital Conversion Right (Print to Digital) – Yes  No

Digital Importation Right (Digital to Digital) – Yes  No

Alternate Format Rights – Yes  No

**AUTHORITY OF SIGNATORIES:**

*The person whose signature appears on this Form confirms that he or she has the authority to sign this Agreement and to approve the above Rights.*

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Name of Signatory

Signature of Signatory

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Job Title

Date