

CALLERLAB

The International Association
of Square Dance Callers

494 S. Emerson Ave, Suite H1

Greenwood, IN 46143-1953

TEL: 785-783-3665, FAX: 785-783-3696

Email: info@CALLERLAB.org

Website: www.CALLERLAB.org

BMI/ASCAP MUSIC LICENSE APPLICATION

With or Without Insurance
April 1, 2026 - March 31, 2027

Caller _____ Partner _____

Address _____ City _____ State _____ ZIP Code _____

Telephone (primary) _____ Email _____

What year did you begin calling? _____ What year were you born? _____

CALLERLAB has signed an agreement with BMI and ASCAP which allows CALLERLAB to issue music licenses to square dance callers for the performance of copyrighted music at square/contra dances and related events.

____ (initial) I hereby apply to CALLERLAB for a BMI and ASCAP license to perform copyrighted music.

I understand that this license allows me to perform copyrighted music when conducting square dances, round dances, clogging, contra, and traditional dances. It also allows me to perform copyrighted music when conducting country western, couple and/or line dances as long as they are conducted in conjunction with a square/contra dance event.

____ (initial) I affirm that I am a square dance caller, and I am not seeking this license to conduct any dance type other than stated above.

____ (initial) I understand that the purchase of this license does not entitle me to any of the benefits afforded by regular CALLERLAB membership.

BMI/ASCAP License: required by callers who are U.S. Residents or by non-residents using copyrighted music in the U.S.

BMI/ASCAP requires renewing members to pay for a full year.

To call less than 50 dances/year\$ 113 _____

To call 50 or more dances/year\$ 179 _____

Optional Group Liability Insurance..... \$30 _____

Amount enclosed for optional donation to the Foundation.....\$ _____

Amount enclosed for optional donation to a scholarship fund.....\$ _____

Amount enclosed for optional donation to CALLERLAB.....\$ _____

Administrative Fee (required) \$30.00.....\$ _____

\$25 Late Fee after April 30, 2026.....\$ _____

TOTAL AMOUNT DUE

\$

(Office Use Only)

Accounting _____

Master File _____

Donation _____

ID Card _____

Mailed _____

Make checks payable to **CALLERLAB**. Send **Pay-Pal** payments to Info@CALLERLAB.org

If you wish to pay with your credit card, please provide the following: American Express, Discover, MasterCard and Visa Accepted

Cardholder's Signature

Printed name as it appears on credit card

Date

Card Number

Expiration Date

(3-digit code on back)

If you have questions or need additional assistance, please call (785) 783-3665, 1+800-331-2577 or email us at info@CALLERLAB.org. Contact us at any time and leave a message if we are unable to answer the phone.

Our staff is normally available from 9:00 a.m. to 5:00 p.m., Eastern Time, Monday through Friday.