

## CDX SUBSCRIPTION INFORMATION FORM

If you wish to join the CDX International Service *only*, please remit US \$210 by any of the payment methods listed below.

If you elect to become a CMA member when you join the CDX International CD Service, *please also include a separate membership application* and remit a total of US \$230 (\$180 for CDX member rate and \$50 for one year of CMA membership) by any of the following payment methods.

### HOW TO PAY

We encourage you to pay by major credit card; however we also accept checks in U.S. funds or wire transfers. Please see additional instructions below.

If you elect to use bank transfer, please fax a photocopy of the transfer slip to the Nashville CMA office: +1 615 726 0314 or email a copy to [international@CMAworld.com](mailto:international@CMAworld.com).

Credit Cards Accepted:	Master Card, Visa, American Express
Check or Money Order:	Must be paid in U.S. funds and drawn from a major U.S. bank.
Wire Transfers:	Must include an additional \$15 U.S. Dollars to cover wire fees incurred by CMA. <i>(Contact your bank for the current exchange rate and processing fees. Please be sure that the fees are paid in addition to the net amount to CMA).</i>

Payments must be in U.S. Dollars, wired to:

Fifth Third Bank  
Cincinnati, Ohio  
ABA Routing # 042000314  
Swift Code: FTBCUS3C  
Country Music Association, Inc.  
7361343044

You may send your payment to CMA in Nashville at the following address:

Country Music Association  
CDX Subscription Coordinator  
1 Music Circle South  
Nashville, TN 37203, USA

Tel: +1 615 244 2840  
Fax: +1 615 726 0314

Checks will only be accepted if drawn in U.S. dollars on a major U.S. bank. Checks should be made payable to "Country Music Association."

*\*US based subscribers should contact CDX directly at 615 292 0123*

**CDX SUBSCRIBER INFORMATION FORM – INDUSTRY (International only)**

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Postcode \_\_\_\_\_  
Country \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing address at which you wish to receive your CDX shipments if different than the one listed above:

Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ Postcode \_\_\_\_\_  
Country \_\_\_\_\_

Please give a brief description of your professional activity in the entertainment industry:

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

How do you plan to use your CDX service? (Tick all that apply)

- Audio production
- Club DJ
- Concert promotion
- Film production
- General knowledge
- Music publishing
- Performing right society work
- Radio promotion
- Record reviews
- Retail promotion
- Television production
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Credit Card Payment:**     Visa             MasterCard             American Express

Name on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_ Charge Amount: \_\_\_\_\_

I am also including a separate membership application.     I am applying for CDX only.

## CDX RADIO SUBSCRIBER INFORMATION FORM (International Only)

Please provide us with information regarding your radio station and/or music program. If you have a second program on a different station, please copy this form and tell us that information also.

Your name \_\_\_\_\_

Name of your radio program (if any) \_\_\_\_\_

Name of radio station \_\_\_\_\_

Address of station \_\_\_\_\_

Postcode, City and Country \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Telephone number of the station \_\_\_\_\_

Fax number of the station \_\_\_\_\_

Name of the station's programme controller/director \_\_\_\_\_

Frequency of station (102.4 MHz, 1150kHz, etc.) \_\_\_\_\_

Station coverage area (region or nearby cities where station can be heard) \_\_\_\_\_

Potential audience reach of station, based on signal coverage (total possible listeners who can hear your program) \_\_\_\_\_

Estimated number of listeners to your program \_\_\_\_\_

How long have you broadcast your show on this station? \_\_\_\_\_

Day(s), time(s) and length(s) of your broadcast(s) \_\_\_\_\_

Target audience (age group) \_\_\_\_\_

Average number of Country songs you play per hour (if any) \_\_\_\_\_

Address you want your CDX materials to be sent to \_\_\_\_\_

Your home telephone/fax numbers \_\_\_\_\_

Best time to call you \_\_\_\_\_

**Credit Card Payment:**     Visa             MasterCard             American Express

Name on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_ Charge Amount: \_\_\_\_\_

I am also including a separate membership application.     I am applying for CDX only.

**IF YOU HAVE A PROGRAM WHICH IS ALSO HEARD ON A NETWORK,  
PLEASE GIVE US THE FOLLOWING INFORMATION:**

Name of your network program \_\_\_\_\_

Time(s) when your program is broadcast \_\_\_\_\_

How many stations broadcast your program? \_\_\_\_\_

Name of network which broadcasts your program \_\_\_\_\_

Is the network (tick one): National  Regional  More than one country

If you are heard in more than one country, list those countries: \_\_\_\_\_

\_\_\_\_\_

Please list the names of the stations in the network that carry your program. If there are more than 10 stations, please indicate the largest stations:

Station 1/city \_\_\_\_\_ Station 2/city \_\_\_\_\_

Station 3/city \_\_\_\_\_ Station 4/city \_\_\_\_\_

Station 5/city \_\_\_\_\_ Station 6/city \_\_\_\_\_

Station 7/city \_\_\_\_\_ Station 8/city \_\_\_\_\_

Station 9/city \_\_\_\_\_ Station 10/city \_\_\_\_\_

Estimated total audience for your program \_\_\_\_\_

How long have you broadcast you show on this network? \_\_\_\_\_

Address for the headquarters for this network \_\_\_\_\_