



PARENTAL CONSENT FORM

Artist Full Legal Name: _____

Mailing Address: _____

Telephone Number: _____

Date of Birth: _____

Desired Membership: _____

I, _____, the parent/legal guardian of _____, do hereby give my consent for the Artist mentioned above to become a member of the Florida Songwriters Association, LLC. I understand that this is an annual membership and that there is a membership fee, as defined by the desired level of membership, and I also give consent to payment of said fee for this membership. By signing this consent form, I understand that membership will not begin until payment and consent form have been received by Florida Songwriters Association AND after the Artist and myself have both read and signed the *Member Guidelines* and *Terms of Service* policies.

Parent/Legal Guardian Signature

Date