



Request to Terminate BMI Affiliation Agreement Form

BMI cannot accept termination requests via email. For mailing address and complete instructions please visit: <https://www.bmi.com/creators/agreement>

Date: _____

Contact Info

Email: _____

Phone: _____

Address Line 1: _____

Line 2: _____

City: _____ State: _____

Zip / Postal Code: _____

This letter serves as notice of my request to terminate my affiliation agreement for the BMI account(s) listed below.

Request to Terminate:

Writer/Composer Affiliation Agreement

Publisher Affiliation Agreement

Account Information

Note: Account Information fields are not required, but can help us to accurately identify your account(s) in our system.

BMI Account Name(s): _____

BMI Account Number(s): _____

IPI Name Number(s): _____

PRO Information

Are you joining a new PRO? Yes No

If so, which one? _____

Print / Type Name (and Title for Publishers)

Signature