



society for reproduction
rights of authors
composers and publishers
in Canada

**COPIBEC 2010 Distribution of royalties
SODRAC form for authors of artistic works**

Name: _____

First Name: _____

Pseudonym: _____

Address: _____

City: _____

Province: _____

Postal code: _____

Telephone: _____

Tel. (work): _____

Fax : _____ Email: _____

Social Insurance Number: _____

Female Male Date of birth: _____

Artistic medium (*please specify*) :

Are you a freelance press photographer holding a press card? Yes No

Are you a member of a professional association? AIIQ RAAV CMAQ

CAPIC Others (*please specify*) _____

Check to: my name Other : _____

For a check to a company:

Federal id #: _____

Provincial id #: _____

List of books, including exhibition catalogues, in which your works have been published
Since January 1st, 2006, works published in Quebec only

Please write your full name: _____

Title _____ Publisher _____

Year of publication _____

ISBN _____

Number of works reproduced _____

I hold the copyright Yes No

Title _____ Publisher _____

Year of publication _____

ISBN _____

Number of works reproduced _____

I hold the copyright Yes No

Title _____ Publisher _____

Year of publication _____

ISBN _____

Number of works reproduced _____

I hold the copyright Yes No

Title _____ Publisher _____

Year of publication _____

ISBN _____

Number of works reproduced _____

I hold the copyright Yes No

Title _____ Publisher _____

Year of publication _____

ISBN _____

Number of works reproduced _____

I hold the copyright Yes No

List of magazines and newspapers in which your works have been published

Since January 1st, 2006, works published in Quebec only

Name (magazine or newspaper) _____

Date of publication, number, volume _____

ISSN _____

Number of works reproduced _____

I hold the copyright Yes No

Name (magazine or newspaper) _____

Date of publication, number, volume _____

ISSN _____

Number of works reproduced _____

I hold the copyright Yes No

Name (magazine or newspaper) _____

Date of publication, number, volume _____

ISSN _____

Number of works reproduced _____

I hold the copyright Yes No

Name (magazine or newspaper) _____

Date of publication, number, volume _____

ISSN _____

Number of works reproduced _____

I hold the copyright Yes No

Signature: _____ Date: _____ 2010

Please return this form to the attention of Gilles Lessard

SODRAC Tower B, 1470, Peel, suite 1010, Montreal (Quebec) H3A 1T1

● Tel.: (514) 845-3268 ● 1 (888) 876-3722 ● Fax: (514) 845-3401

Email: glessard@sodrac.ca