



**APRA  
AMCOS**

# LETTER OF AUTHORITY

**Membership enquiries** 1800 642 634 [writer@apra.com.au](mailto:writer@apra.com.au) [www.apraamcos.com.au](http://www.apraamcos.com.au)

Please use this form to authorise your manager(s), business associates, or other trusted individuals to have access and/or receive documents relating to your membership information.

You can elect for an authorised individual to be copied on your membership correspondence to the fullest extent by granting them Full Access. However, you cannot opt out of your business-related correspondence. This will still come to you in addition to your authorised person.

If you have any questions about this form, please contact your local or international Writer Services Representative.

## Access levels:

- Full Access – Access to all areas of membership information
- Performance – Access to submit Performance Reports and create Setlists
- Administrative – Access to submit Work Registrations
- Financial – Access to view Royalty Statements
- OPUS – Access to the Online Portal for Uploading Songs

**Member name:**

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**IPI number:**

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**Name for authorisation**

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**Business role**

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**Address**

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**Phone**

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**Email**

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**Type of access**

- ☐ Full access
- ☐ Performance
- ☐ Administrative
- ☐ Financial
- ☐ OPUS

*I authorise the following  
access to the above named:*

☐ YES, this person can be copied on my APRA AMCOS correspondence

☐ YES, this person can make enquiries on my behalf in relation to their area of access.

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*I authorise the following  
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☐ YES, this person can be copied on my APRA AMCOS correspondence

☐ YES, this person can make enquiries on my behalf in relation to their area of access.

This authority shall remain current until ceased by me in writing.

**Member signature:**

**Date:**

I have read and accept the terms of APRA AMCOS' Privacy Policy [www.apraamcos.com.au/privacy](http://www.apraamcos.com.au/privacy) and consent to the handling of my personal information as described in those terms.