APRA MUSIC RETURN FORM

If you require assistance completing this form contact the Document Control Section at APRA Tel: 02 9935 7900 Fax: 02 9935 7999 Email: logs@apra.com.au

STATION _____ CONTACT NAME _____ WEEK DATE _____

RECORD OF MUSICAL WORKS BROADCAST

Title of Work	**Composer/Arranger** (surname first)	**Artist** (first name first)	**Record Label Code & Catalogue No**	**Total No PLAYS for week**	**Duration Min/Sec**	**APRA USE ONLY**

The WorkSearch facility on APRA's website may assist you in identifying the Composer/Arranger for musical works. See www.apra-amcos.com.au

This form has been downloaded from www.apra-amcos.com.au
Blank forms may be photocopied Last updated April 2001