



AMERICAN GUILD OF MUSICAL ARTISTS

1430 Broadway, 14th Floor New York, New York 10018-3308, (212)265-3687

Fax: 212-262-9088 Website: www.musicalartists.org

Affiliated with the AFL-CIO, Branch of the Associated Actors and Artistes of America

APPLICATION FORM

Professional Name: _____ (Print) Last First Initial	Social Security Number: _____-_____-_____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth: _____	

Please complete the following (Indicate one):

- Soloist Chorister Dancer Choreographer
 Stage Director Stage Manager Actor

Singers: (List Voice Category):

Legal Name: _____

Citizen Of: _____

Mailing Address: _____

Telephone #: _____

Telephone # (alt.): _____

E-mail address: _____

Name & Address of Manager and/or Personal Representative (if any):

Name of Initial Employing Company: _____

Are you a member of any of the following organizations? If so, place "P" beside the organization that is your parent; and place "A" beside any organizations that are affiliates.

____ SAG-AFTRA ____ A.G.V.A. ____ ACTORS' EQUITY ____ A.F. of M.

Membership #: _____	(For office use only)	Date: ____/____/____
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SUMMARY OF CONSTITUTIONAL PROVISIONS COVERING MEMBERSHIP CLASSIFICATIONS

Classifications:

All members shall be divided into nine (9) classes, to wit: Active Solo Members, Active Stage Directors, Active Stage Managers, Active Chorus Members, Active Choreographers, Active Dancers, Honorary Members, Charter Members, and Active Life Members for Distinguished Service to AGMA.

Active Members:

All Solo artists, including stage directors, stage managers and all singers and dancers who have performed or who intend to perform for compensation within the jurisdiction of The American Guild of Musical Artists, and who are paid-up members.

INITIATION FEES AND DUES

Initiation Fee:

The Initiation Fee is \$1,000.00.

Partial Initiation Fee: All new members are required to the first \$100 Basic Dues within one week of their first contracted rehearsal, or upon submission of their Membership application, whichever comes first. If the contractual fee is greater than \$4,000, the Initiation Fee is due by the contract's first performance date. If the contractual fee is less than \$4,000, the Artist may pay the Initiation Fee in installments (partial payments equal to 12 ½ % of AGMA contractual gross compensation) preferably within one year of application and definitely over a period not to exceed 36 months.

If the Artist is applying for membership without having received an AGMA contract, the Initiation Fee is due in full upon submission of the application.

Dues:

Basic Dues in the amount of \$100.00 are billed annually and are due by January 1st.

Working Dues (The Check-Off System): All members working under AGMA Collective Bargaining Agreements will have 2.0% of the first \$100,000 gross income deducted from their compensation ("Check-Off") and remitted by the employer to AGMA according to the terms of the Collective Bargaining Agreement.

I hereby apply for membership in the AMERICAN GUILD OF MUSICAL ARTISTS, INC., and agree to be bound by each and every provision contained in the constitution of the American Guild of Musical Artists, Inc., by such amendments to said Constitution as may hereafter be made, by any and all by-laws to said Constitution whether now in force or hereafter enacted, and by any and all rules and regulations adopted by the Board of Governors of the American Guild of Musical Artists, Inc., whether now in force or hereafter amended, enacted or adopted. I agree that the said amendments, by-laws, rules and regulations are binding upon me as of the date of their lawfully taking effect, regardless of the rights, if any, vested in me prior to such date.

I hereby authorize the American Guild of Musical Artists, Inc., to be my exclusive agent for collective bargaining purposes in any matter dealing with Opera, Concert, Recital, and Ballet, or in any other matters within the jurisdiction of the American Guild of Musical Artists, Inc.

I affirm that I have truthfully answered the questions on the reverse side hereof.

SIGNATURE

Date: ____/____/____