

# AGMA

## AMERICAN GUILD *of* MUSICAL ARTISTS

P.O. Box 908 New York, NY 10108

Phone: (212) 265-3687 / (800) 543-2462, Fax: (212) 262-9088,

membership@musicalartists.org

www.musicalartists.org

### MEMBERSHIP FORM

#### Professional Name:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(*mm/dd/yyyy*)

### PERSONAL INFORMATION

Legal Name: \_\_\_\_\_  
(*Last*) ( *First* ) ( *Middle* )

Home Mailing Address (*REQUIRED*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ [(*xxx*) - *xxx* - *xxxx*]  
*HOME MOBILE OFFICE*

Phone (alt.): \_\_\_\_\_ [(*xxx*) - *xxx* - *xxxx*]  
*HOME MOBILE OFFICE*

E-mail (*REQUIRED*): \_\_\_\_\_

## MANAGER / PERSONAL REPRESENTATIVE INFORMATION

Name of Manager and/or Personal Representative (*if applicable*):

\_\_\_\_\_

Address of Manager and/or Personal Representative (*if applicable*):

\_\_\_\_\_

\_\_\_\_\_

Manager and/or Personal Representative Phone Number (*if applicable*): \_\_\_\_\_  
[(xxx) - xxx - xxxx]

Manager and/or Personal Representative Email Address (*if applicable*): \_\_\_\_\_

## EMPLOYMENT CATEGORY

AGMA's Membership is comprised of Artists in different Employment Categories. These category designations are used for election and other union purposes. Please choose one of the following categories for your Employment Category as an AGMA Artist. You may change your Employment Category designation at any time.

Please complete the following (*Indicate one*):

- Actor
- Choreographer
- Chorister
- Dancer
- Fight Director
- Intimacy Director
- Soloist
- Stage Director
- Stage Manager

Soloists and Choristers, please list your Voice Part here:

- Soprano
- Mezzo-Soprano
- Alto
- Countertenor
- Tenor
- Baritone
- Bass

## GEOGRAPHIC AREA

AGMA's Membership is divided into Areas for elections and other union purposes. Please choose one of the following Areas. Your Area should be the location of your residence or where you perform most of your work. If you do not choose an Area, you will be automatically assigned to the Area of the contract you attach to this application. You may change your Area designation at any time.

**Mid & South Atlantic** (*Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington D.C., West Virginia*)

**Midwest** (*Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin*)

**New England** (*New Hampshire, Maine, Massachusetts, Rhode Island, Vermont*)

**New York** (*Connecticut, New York, Northern New Jersey*)

**Northwest** (*Alaska, Idaho, Montana, Oregon, Washington, Wyoming*)

**Pennsylvania** (*Pennsylvania, Southern New Jersey*)

**San Francisco** (*Colorado, Nevada, Northern California, Utah*)

**Southern California** (*Arizona, Hawaii, New Mexico, Southern California*)

**Southern Central** (*Alabama, Arkansas, Louisiana, Mississippi, Oklahoma, Tennessee, Texas*)

AGMA members who are residents outside of the US may declare "Non-Resident Artists" as their Area for the purpose of electing a Non-Resident Artist member to the Board of Governors. By checking this box, you will be included in the geographic Area corresponding to the AGMA signatory employer you list below on this form for other election purposes.

## ELIGIBILITY & PROOF OF EMPLOYMENT

To be eligible for membership, AGMA's Constitution requires that you must have worked, be currently working, or about to work under an AGMA Agreement. **Please attach your most recent AGMA contract or offer letter when submitting this application to [membership@musicalartists.org](mailto:membership@musicalartists.org).**

Name of Employing AGMA Signatory Company (*at the time of this application*):

\_\_\_\_\_

## MEMBERSHIP WITH OTHER ORGANIZATIONS

Please check box if you are also a member of any of the following organizations (*check all that apply*):

SAG-AFTRA    A.G.V.A.    ACTORS' EQUITY    A.F. of M.    S.D.C.

(for office use only)

Membership #: \_\_\_\_\_

Date: \_\_\_\_\_  
(*mm/dd/yyyy*)

## INITIATION FEE AND DUES

AGMA Artists create the power to make positive change through solidarity, both in action and in the pooling of resources through union dues and initiation fees. To ensure AGMA's continued collective strength, AGMA members pay the following:

1. **Initiation Fee:** \$1,000. The Initiation Fee is due upon being admitted to membership in AGMA.
2. **Basic Dues:** \$100. Basic Dues are billed annually and payable by January 1 of each year. New members will be billed for their first year of Basic Dues upon joining.
3. **Working Dues:** All AGMA members pay Working Dues in the amount of 2% of the first \$100,000 of gross income earned under AGMA collective bargaining agreements.

**PAYMENT OPTIONS:** Initiation Fees and Annual Basic Dues are payable:

- On the AGMA website ([musicalartists.org](http://musicalartists.org)) by logging into **MyAGMA** and visiting your **Personal Portal** (under "**Pay Dues / Initiation Fee**"). *Once you become an AGMA member, you will receive your MyAGMA login credentials via email.*
- By check (made out to American Guild of Musical Artists, Inc.) mailed to AGMA Membership Department, P.O. Box 908, New York, NY 10108.
- Securely over the phone by credit card by calling (212-265-3687 or 800-543-2462, menu option 2) during regular business hours (9:30 a.m. to 5:30 p.m., Monday through Friday).

**INITIATION FEE PAYMENT PLANS:** New members may choose to pay the Initiation Fee in installments; please contact the Membership Department at (212-265-3687 or 800-543-2462, menu option 2) to ask about payment plan options.

## APPLICATION INSTRUCTIONS

To complete your application, you must provide to AGMA: (1) this completed and signed application, and (2) a copy of your most recent AGMA contract (if you have not yet worked but are about to work for an AGMA signatory company, a copy of your offer letter can be sent instead)

Please email your application and your contract/offer letter to [membership@musicalartists.org](mailto:membership@musicalartists.org)

You may also mail these documents to:

**AGMA Membership Department, P.O. Box 908, New York, NY 10108**

*By signing below, I submit my application to be a member of AGMA, and I authorize AGMA to act as my exclusive agent for collective bargaining purposes at AGMA signatory companies. I agree to be bound by the Constitution and Bylaws of the Guild and future amendments lawfully made to the Constitution and Bylaws, and to any rules, regulations, or orders of the Guild. You may provide an electronic signature.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(mm/dd/yyyy)