



AMERICAN GUILD of MUSICAL ARTISTS

P.O. Box 908, New York, NY 10108

www.musicalartists.org

Initiation Fee Installment Plan Registration Form

Once completed, this form can be emailed to installments@musicalartists.org. If you have any questions, or wish to set up your installment plan over the phone, please call (212) 265 – 3687 ext. 450.

As a member of AGMA, you are responsible for a **one-time Initiation Fee of \$1,000**, one of the lowest among performing arts unions. The following installment plans are available to new members:

1. If you are currently working for a signatory company which deducts and remits member dues to AGMA, you may elect to pay your initiation fee in 5% installments until fully paid, to be deducted and remitted to AGMA by your employer.
-OR-
2. If you are *not* working for a signatory company which deducts and remits member dues to AGMA, you may elect to pay your initiation fee in monthly installments at the rate of 5% of the initiation fee over twenty (20) consecutive months (i.e. \$50 per month under the current initiation fee) to be automatically paid by credit card.

*Please note that Initiation Fee installment payments are only required during months in which you are working under an AGMA contract. As long as you remain current on your payments, you remain a member of AGMA in good standing.

*If you are a good standing member of Actors' Equity Association, your total initiation fee is reduced by 50% - meaning the total initiation fee *you owe* becomes \$500. The same installment plan can be applied (*still \$50 per month, as the 5% installment rate is on AGMA's standard initiation fee, before any discounts are applied*). You must provide proof of AEA membership to AGMA to qualify.

*If you are a good standing member of Stage Directors & Choreographers Society (SDC), your initiation fee is reduced by 50% - meaning the total initiation fee *you owe* becomes \$500. The same installment plan can be applied (*still \$50 per month, as the 5% installment rate is on AGMA's standard initiation fee, before any discounts are applied*). You must provide proof of SDC membership to AGMA to qualify.

Part 1: Member's Personal Information

Today's Date: / /
(dd) (mm) (yyyy)

Member's Full Name: _____

Member's Address: _____

AGMA Membership ID: _____

Member's Email Address: _____

Part 2: Member's Initiation Fee Balance & Payment Plan

Installment Amount: \$ _____

(*minimum \$50.00 per installment,
to be paid monthly, during months in which
you are working under AGMA contract)

Payment to be charged on:

- 5th of the Month (or the following business day, in case of weekend or holiday)
 20th of the Month (or the following business day, in case of weekend or holiday)

PLEASE NOTE: If you are a new member, **your first installment will be \$150.** This represents the \$100 Basic Dues for the current year plus the first installment of \$50 toward AGMA's Initiation Fee. For more information about AGMA's dues structure, please visit AGMA's [Union Dues webpage](#).

Part 3: Payment Method

Card Type: Visa Mastercard AMEX Discover

Card Number: _____

Expiration Date: /
(mm) (yy)

Card Security Code: _____

Name Shown on Card: _____

Card Billing Address: _____

Card Billing Zip Code: _____

[CONTINUED ON NEXT PAGE]

Part 4: Signature

I authorize AGMA to charge \$ _____ on my credit card on the days I have indicated above, to pay my initiation fee installments until initiation fee is fully paid.

I understand the following:

1. *It is my responsibility to notify AGMA of any changes on my card.*
2. *I have the option to pause installment payments only if I am not working under AGMA contract.*
3. *It is my responsibility to notify AGMA to pause installment at least 3 days before the installment payment is due.*
4. *It is my responsibility to notify AGMA to restart installments once I start working under an AGMA contract.*
5. *Failure to be on a payment plan for my initiation fee while I am working under an AGMA contract can result in suspension from the union.*

AGMA reserves the right to restart installment payments once AGMA receives Work Dues / Individual Artist Contract of Employment, even if AGMA is not notified by member of restart to the installments.

Card Holder Signature: _____ Date: ____ / ____ / ____
(dd) (mm) (yyyy)

Member Signature: _____ Date: ____ / ____ / ____
Only required if "Card Holder" is someone other than the member (dd) (mm) (yyyy)

**FOR PHONE AUTHORIZATION ONLY -
AGMA STAFF Completes this section (if applicable)**

For instances where the member is setting up the Installment Plan via telephone with an AGMA Staff Member.

AGMA Staff Member Name: _____

Date of Phone Interaction: ____ / ____ / ____ Time of Phone Interaction: _____
(dd) (mm) (yyyy) A.M.

P.M.

Signature of AGMA Staff Member: _____
