

Application for Membership in the United States



UNITY • HARMONY • ARTISTRY

American Federation of Musicians of the United States and Canada

APPLICATION FOR MEMBERSHIP IN THE UNITED STATES

American Federation of Musicians of the United States and Canada
Local No. _____

I, the undersigned, hereby apply for membership in the above stated Local of the American Federation of Musicians of the United States and Canada (AFM). I affirm that all statements made in the Application are true and complete. I agree that, at the option of the Local, I shall forfeit my membership and all monies paid therefor if I deliberately furnish any false information herein.

Name: _____
(Last) (First) (Middle)

Professional Name: _____

Social Security Number: _____

Address: _____

How long at current address? _____

Previous Address: _____

Telephone: (Home, Principal) _____ (Work, Message) _____

Date of Birth: (Month) _____ (Day) _____ (Year) _____

Place of Birth: (City) _____ (State) _____ (Country) _____

U.S. citizen? _____ If not, type of visa _____

Closest relative (or other person who will always know your address) not living with you:

Name _____

Address _____

Their Telephone: (Home, Principal) _____ (Work, Message) _____

Are you currently an AFM member? _____ If so, Local Number(s): _____

Have you ever been a member of any Local of the AFM and, if so, which Local? _____

How and when was membership terminated? _____

Principal instrument(s): _____

Other instrument(s) played: _____

Are you currently a member of a musical group and if so, what is the name of the group?

Name any personal manager(s) or booking agent(s) with whom you have any agreements:

I pledge to abide by all Rules, Regulations, and Bylaws of the AFM and the Local stated above. I agree to pay all dues and assessments (including work dues on all musical services performed) required by those Bylaws. I further agree to complete any orientation or indoctrination required by that Local within the time specified by its Bylaws. I authorize the American Federation of Musicians and the above-named Local to act as my collective bargaining representative with full power to execute collective bargaining agreements with employers governing terms and conditions of employment.

I further authorize the AFM, in the name of the AFM or in my name, to do all acts, initiate all proceedings, execute, acknowledge and deliver any and all documents and pleadings, litigate, collect and receive money, and, in the AFM's sole judgment, join me as a party plaintiff or defendant in suits or proceedings, or to bring suit in my name or the AFM's name, in respect of any AFM collectively negotiated agreement or any statutory royalty or remuneration payment to which I may be entitled under the laws of the United States or other countries or under international law or treaties. I authorize the AFM to offset from recovery payable to me, resulting from any judgment or settlement, a pro rata share of the expenses and reasonable attorney's fees or collection agency's fees incurred in connection with that recovery. I further authorize the AFM to offset from any royalties and remunerations collected the reasonable expenses of collecting, administering and distributing those royalties and remunerations.

I also understand that, when the Federation receives any residual payments for a new use of a musical product, the Federation will deposit those monies into a separate interest-bearing account and then will attempt to identify and locate the musicians to whom the payments are due and to distribute those payments to them. In the event that I cannot be identified and located, and I do not file a claim for payment with the Federation within three years after the Federation receives the payment, I authorize the Federation thereafter to transfer the monies due to me to the general treasury to be used to defray the costs of administering and operating the Federation; provided, however, that at any subsequent point I may file a written claim with the Federation and, upon doing so, I shall be entitled to receive the residual payment to which I am entitled (without interest and offset by the applicable Federation work dues) unless the State is then holding the residual payment I am due, in which case I shall apply to the State for my payment.

Signature: _____ Date: _____

WORK DUES CHECK-OFF AUTHORIZATION (U.S. ONLY)

I hereby voluntarily authorize and direct any party who engages my musical services to deduct from my compensation for those services the uniformly required dues based on earnings as set forth in the Bylaws of the American Federation of Musicians of the United States and Canada ("Federation Work Dues") and/or the dues based on earnings as set forth in the Constitution and/or Bylaws of the Local Union hereof having jurisdiction over these services ("Local Union Work Dues"). I further authorize, and direct, each such party who engages my musical services to remit promptly all Work Dues thus deducted to the Federation or the appropriate Local Union thereof in accordance with the applicable regulations, and at the times specified in those regulations. This authorization shall be irrevocable for a period of one(1) year from the date hereof or, with respect to any employer having a collective bargaining agreement, until the termination date of the current collective bargaining agreement, whichever occurs sooner. This authorization shall automatically renew itself and be irrevocable for successive annual periods unless I give written notice to the Federation and those Local Unions of which I am a member within the fifteen (15) day period following the expiration of any such annual period or, with respect to any employer having a collective bargaining agreement, within the fifteen (15) day period following the termination date of any such collective bargaining agreement.

Signature: _____ Date: _____

BOND FOR MINOR APPLICANTS

I do hereby pledge myself as surety for the above applicant, a minor, until said applicant reaches the age of majority; I also give my consent to said applicant becoming a member of the AFM.

Name of Surety (print): _____

Signature of Surety: _____ Date: _____

Relationship to Applicant: _____

Address of Surety: _____

LOCAL OFFICER APPROVAL: _____

DATE: _____