



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 therefore if I deliberately furnish any false information herein.

Name _____
(First) (Middle) (Last)

Professional Name _____ Social Security # _____

Address _____

How long at current address? _____

Previous address _____

Phone (Home, Principal) _____ (Work) _____ (Cell Phone) _____

Email address _____ Website _____

Date of Birth (MM/DD/YY) _____

If you do not want to email your social security number, please call (607) 233-4523, or mail completed application to: Local 380-443, 2504 Bayberry Ln, Vestal, NY 13850

Closest contact not living with you who will always know your address.

Name _____

Address _____

Their phone (Home, Principal) _____ (Cell Phone) _____

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(s)? _____

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(s)?

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

Membership Obligation

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 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.)

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 or fees based on earnings, including work dues and/or agency or service fees, 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 or fees based on earnings including work dues and/or agency fees, 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. Where the payment of either dues or agency or service fees is lawfully required as a condition of employment, said deductions shall be made irrespective of my membership in the Federation and/or the Local Union thereof. 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 _____

Note: Dues, contributions or gifts to the American Federation of Musicians are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

Local Officer Approval _____

Date _____