



## Representation Update Form

This information will be used by the SAG-AFTRA Professional Representatives Department **for SAG-AFTRA members only**. SAG-AFTRA receives inquiries related to performer employment from producers, casting directors, and other legitimate industry employers. This information is used for contact requests only.

**TERMINATED AGENCY:** \_\_\_\_\_ **TERMINATED ON:** \_\_\_\_\_

\*Kindly attach a copy of the termination letter sent to your previous agency<sup>1</sup>

**1) NEW AGENCY:** \_\_\_\_\_ **AGENCY'S PHONE #:** \_\_\_\_\_

This agency represents me in the following areas(s):

| SAG:                     |                  | AFTRA:                   |                                |                          |                            |                          |                  |
|--------------------------|------------------|--------------------------|--------------------------------|--------------------------|----------------------------|--------------------------|------------------|
| <input type="checkbox"/> | Theatrical (OC)  | <input type="checkbox"/> | Billboards                     | <input type="checkbox"/> | Non-Broadcast/ Industrials | <input type="checkbox"/> | TV COMM (OC)     |
| <input type="checkbox"/> | Theatrical (VO)  | <input type="checkbox"/> | Broadcast/News                 | <input type="checkbox"/> | Promo Announcements        | <input type="checkbox"/> | TV COMM (VO)     |
| <input type="checkbox"/> | TV Programs (OC) | <input type="checkbox"/> | Hosting                        | <input type="checkbox"/> | Radio Commercials          | <input type="checkbox"/> | TV Programs (OC) |
| <input type="checkbox"/> | TV Programs (VO) | <input type="checkbox"/> | Infomercials                   | <input type="checkbox"/> | Radio Programs             | <input type="checkbox"/> | TV Programs (VO) |
| <input type="checkbox"/> | TV COMM (OC)     | <input type="checkbox"/> | Interactive/New Media/Internet | <input type="checkbox"/> | Serials                    | <input type="checkbox"/> |                  |
| <input type="checkbox"/> | TV COMM (VO)     | <input type="checkbox"/> | Interstitials                  | <input type="checkbox"/> | Sound Recordings           | <input type="checkbox"/> |                  |

**TERMINATED AGENCY:** \_\_\_\_\_ **TERMINATED ON:** \_\_\_\_\_

\*Kindly attach a copy of the termination letter sent to your previous agency<sup>1</sup>

**2) NEW AGENCY:** \_\_\_\_\_ **AGENCY'S PHONE #:** \_\_\_\_\_

This agency represents me in the following areas(s):

| SAG:                     |                  | AFTRA:                   |                                |                          |                            |                          |                  |
|--------------------------|------------------|--------------------------|--------------------------------|--------------------------|----------------------------|--------------------------|------------------|
| <input type="checkbox"/> | Theatrical (OC)  | <input type="checkbox"/> | Billboards                     | <input type="checkbox"/> | Non-Broadcast/ Industrials | <input type="checkbox"/> | TV COMM (OC)     |
| <input type="checkbox"/> | Theatrical (VO)  | <input type="checkbox"/> | Broadcast/News                 | <input type="checkbox"/> | Promo Announcements        | <input type="checkbox"/> | TV COMM (VO)     |
| <input type="checkbox"/> | TV Programs (OC) | <input type="checkbox"/> | Hosting                        | <input type="checkbox"/> | Radio Commercials          | <input type="checkbox"/> | TV Programs (OC) |
| <input type="checkbox"/> | TV Programs (VO) | <input type="checkbox"/> | Infomercials                   | <input type="checkbox"/> | Radio Programs             | <input type="checkbox"/> | TV Programs (VO) |
| <input type="checkbox"/> | TV COMM (OC)     | <input type="checkbox"/> | Interactive/New Media/Internet | <input type="checkbox"/> | Serials                    | <input type="checkbox"/> |                  |
| <input type="checkbox"/> | TV COMM (VO)     | <input type="checkbox"/> | Interstitials                  | <input type="checkbox"/> | Sound Recordings           | <input type="checkbox"/> |                  |

**To remove existing business contact number on file please check here:**

**Below is my:**      **Manager**      **Attorney**      **Other** (I do not have an agent/manager/attorney but can be reach for work at the following number)

**NEW BUSINESS CONTACT #:** \_\_\_\_\_ **CONTACT NAME:** \_\_\_\_\_  
(Name of Management Company, Attorney, or Other)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number/ Member ID#

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**To maintain confidentiality and avoid unauthorized changes, you must either fax, PDF via email or mail this form WITH YOUR SIGNATURE to a SAG-AFTRA office listed below:**

SAG-AFTRA Professional Representatives (LA)  
5757 Wilshire Blvd, 7<sup>th</sup> Floor  
Los Angeles, CA 90036  
Phone: 323-549-6745 Fax: 323-549-6746 [agency@sagaftra.org](mailto:agency@sagaftra.org)

SAG-AFTRA Professional Representatives (NY)  
1900 Broadway, 5<sup>th</sup> Floor  
New York, NY 10023  
Phone: 212-863-4230 Fax: 212-686-4925 [agencyny@sagaftra.org](mailto:agencyny@sagaftra.org)

<sup>1</sup> Termination letter **required** for written contracts