

APPLICATION FOR MEMBERSHIP

FOR OFFICE USE ONLY:

Basis for Joining:	Joining Local:	Joined Via Affiliate Union:
Initiation Fee:	Payment Plan:	Affiliate Union Paid Through Date:
Current Dues:	DCO:	Affiliate Union Initiation Fee Paid:
Other Dues/Fees:	Entered By:	Affiliate Union Join Date:
Total Amount Owed:	Amount Paid:	Name Used in Affiliate Union:

SAG-AFTRA ID# (TO BE FILLED IN BY SAG-AFTRA)

The undersigned hereby applies for membership in SAG-AFTRA. Should this application be accepted, the undersigned agrees to pay the applicable initiation fee and agrees to abide and be bound by Constitution, and Rules & Regulations of SAG-AFTRA as the same now are or may hereafter be amended.

JOIN DATE: (TO BE FILLED IN BY SAG-AFTRA)

LEGAL NAME: FIRST MIDDLE LAST SUFFIX

PROFESSIONAL NAME: FIRST MIDDLE (optional) LAST SUFFIX

SOCIAL SECURITY #:

TELEPHONE NUMBER (S): HOME CELL BUSINESS PROFESSIONAL CONTACT *May be released for employment purpose only.

PRIMARY EMAIL ADDRESS:

PRIMARY ADDRESS: STREET NUMBER or P.O. BOX CITY STATE ZIP CODE COUNTRY

Please indicate whether this is: ☐ Home ☐ Accountant ☐ Attorney ☐ Business Manager ☐ Manager ☐ Personal Manager ☐ Other

*NOTE: You may not list a talent agent as your residuals and/or primary contact. If you have any questions as to your agent's status with SAG-AFTRA, please contact the Professional Representatives Department (323) 549-6745 (LA) or (212) 863-4205 (NY) for additional information before completing this form. Failure to follow these procedures correctly may significantly delay processing your requested changes, as well as receipt of residuals checks or important billing information.

If the above primary address is somewhere other than your personal residence, please provide it below:

RESIDENCE ADDRESS: STREET NUMBER or P.O. BOX CITY STATE ZIP CODE COUNTRY

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If the above primary address should be used for all mailings, **DO NOT** fill in the information below. If however you wish to have Dues Bills or Residual Payments mailed to an address different than what is noted above, please fill out the information below as appropriate:

DUES BILLING

ADDRESS: STREET NUMBER or P.O. BOX CITY STATE ZIP CODE EMAIL (if different)

RESIDUAL PAYMENTS (TV/THEATRICAL)

ADDRESS: STREET NUMBER or P.O. BOX CITY STATE ZIP CODE EMAIL (if different)

If you have a Loan Out Company, please provide the information below:

LOAN OUT NAME: FEDERAL TAX I.D. NUMBER:

LOAN OUT ADDRESS: (TV/THEATRICAL): STREET NUMBER or P.O. BOX CITY STATE ZIP CODE

GENDER: Female Male Other Decline

DATE OF BIRTH: (MM/DD/YY) PLACE OF BIRTH: CITY STATE or PROVINCE COUNTRY

ARE YOU A CITIZEN OF THE UNITED STATES? Yes No

CITIZENSHIP: If you **ARE NOT** a citizen of the US, please fill in the information below:

Country of Citizenship Alien Registration Number or Visa Type Expiration Date

AFFILIATE UNION: Please mark with an (X) if you are a member of any of the following organizations for media artist:

A.G.V.A A.C.T.R.A ACTORS' EQUITY A.F.M A.G.M.A
D.G.A I.A.T.S.E W.G.A EQUITY UK M.E.A.A OTHER

DECLARATION OF MEMBER CATEGORY: (Applicant must select only one (1) member category)
This selection has no impact on your ability to work under any SAG-AFTRA agreement and will only be used internally for union elections and governance purposes.

Actor/Performer Broadcast/News & Information Broadcast/Entertainment
Dancer Recording Artist Singer Stunt Performer

PLEASE CHECK WHICH CLASS OF MEMBERSHIP FOR WHICH YOU ARE MAKING THIS APPLICATION:

- ☐ Active Membership: Applies to all members other than Provisional Members.
- ☐ Provisional Membership: Applies to executives and other persons regularly employed by broadcasting companies, agencies, independent producers, or sponsors, or so self-employed, for purposes other than performing on radio or television programs, or sound recordings, for the purpose of performing a part in a particular broadcast or recording subject to such terms and conditions as may be determined by the Local Board.

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DUES AND INITIATION FEES (subject to change without notice):

The national initiation fee for becoming a SAG-AFTRA member is \$3,000. Total annual dues include base and work dues. Base dues are \$214.32 per year and work dues are 1.575% on earnings up to \$500,000. Maximum total dues are \$8,089.32 annually if earning over \$500,000. All fees and dues are non-refundable. Dues bills are calculated annually based on earnings in the previous calendar year. Dues bills are sent in May and November (two installments). A late fee will be applied if not paid within 30 days of the due date (1.25% on unpaid dues balances, with a minimum and maximum fee). Members may be terminated after three delinquent dues periods.

*NOTE: "If you work in a SAG-AFTRA Local area where the initiation fee is higher than that which you previously paid, you may be assessed the difference. Until the difference is paid, SAG-AFTRA may not be able to confirm to employers that you have met your financial obligation to and are in good standing with SAG-AFTRA."

I UNDERSTAND AND AGREE AS FOLLOWS:

- (1) I hereby apply for membership in SAG-AFTRA, and agree to be bound by each and every provision contained in the Constitution of SAG-AFTRA, in the Constitution of the Local to which I am assigned, by such amendments to said Constitutions as may hereafter be made, and by any and all by-laws, rules, regulations, orders and resolutions of SAG-AFTRA and its Locals, whether now in force or hereafter enacted. I agree that the said amendment, by-laws, rules, regulations, orders and resolutions are binding upon me as of the date of their lawfully taking effect, regardless of the rights, if any, vested in me prior to such date.
- (2) I hereby designate SAG-AFTRA as my exclusive agent for collective bargaining purposes in any and all matters dealing with the entertainment and media industry, including theatrical motion pictures, Internet and new media, radio industry, television, radio and television recorded commercials, sound recordings, slide films, electrical transcriptions, any other means for mechanical reproduction, and any other matters or industries within the jurisdiction of the said Union. Such rights include all rights and remedies for enforcing collective bargaining agreements and other rights in the enumerated fields, whether established by agreement or by local, state, federal, foreign, or international law or treaties, including the right to sue in the name of SAG-AFTRA and/or in my name, to execute any and all instruments, papers, documents, process, and pleadings, to litigate, collect and receive monies, or discontinue, release, compromise or refer to arbitration any such proceedings or actions, so that SAG-AFTRA may effectively protect and enforce all the rights herein described. I hereby further authorize SAG-AFTRA to delegate its right to be my collective bargaining agent to the appropriate Local or to any other subdivision, agent or affiliate of SAG-AFTRA.
- (3) I understand that the payment of dues, initiation fees, assessments and any other obligations as duly authorized pursuant to the SAG-AFTRA Constitution is a condition of my membership. I further authorize my employer or SAG-AFTRA to deduct from my compensation any initiation fee, dues, assessments and any other obligations at such periods as SAG-AFTRA may designate, and to pay the same directly to SAG-AFTRA or the Local. It is understood that this authorization is irrevocable for the period of any collective bargaining agreement(s) under which such compensation is paid, or a period of one year from the date endorsed hereon, whichever is shorter, and is thereafter revocable by me in writing only, delivered to SAG-AFTRA, except as otherwise provided by law.
- (4) I hereby authorize SAG-AFTRA to collect any sums due me under SAG-AFTRA agreements, and if I cannot be located at my last known address, such sums are to be deposited into a Trust Account, and if such sums are unclaimed for three years from the mailing of notice to me at my last known address, such sums may thereafter be used by SAG-AFTRA to defray its expenses of administration. I shall be relieved of any such forfeiture upon the making of a proof of entitlement, but SAG-AFTRA shall have no obligation to pay interest on any amounts paid over to me.

The above designations and authorizations are completely independent of my status as an applicant for membership under paragraph "1", and of my status as a member.

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EMPLOYMENT:

Obtaining employment is my own responsibility and it is not the obligation of SAG-AFTRA to secure employment for its members.

My application and qualifying employment are subject to full investigation and approval by SAG-AFTRA. The SAG-AFTRA Board of Directors has discretion to deny membership to any applicant. My application for SAG-AFTRA membership will be denied by SAG-AFTRA if I have falsified my credentials or my qualifying employment. SAG-AFTRA has sole discretion to determine the legitimacy of the employer, and whether the qualifying work I performed was actual production work or work created solely to enable me to gain SAG-AFTRA membership. If it is found that I have auditioned for or performed or agreed to perform work for a producer against whom SAG-AFTRA was conducting a strike, my application for membership may be denied at the discretion of SAG-AFTRA's Board of Directors. If I fail to disclose that I have auditioned for, done, or agreed to do such struck work and am admitted to membership, I may be removed from membership in SAG-AFTRA. In the event of such removal from membership, I waive any and all claims against SAG-AFTRA for a refund of any initiation fees or dues that I have paid to SAG-AFTRA and further, I agree to pay and be fully liable for any fees or dues owed to SAG-AFTRA as of the date of my removal from membership.

SAME NAME POLICY:

It is SAG-AFTRA's objective that no member uses a professional name which is the same as, or resembles so closely as to tend to be confused with, the name of any other member. SAG-AFTRA urges all applicants and members to minimize any personal or individual risk of liability by avoiding a name that may cause confusion. SAG-AFTRA shall not be responsible or legally liable in the event an applicant or member uses a professional name that may cause any confusion.

FOREIGN ROYALTIES (LEVIES):

I hereby designate SAG-AFTRA as my exclusive representative for purposes of claiming and collecting performer and performance royalties (levies) arising under foreign or domestic laws and revoke any contrary designations. This mandate currently applies to: Argentina, Chile, Colombia, Denmark, France, Germany, Italy, Japan, The Netherlands, Portugal, Spain, Switzerland, and to royalties arising under any domestic or foreign laws now or in the future. SAG-AFTRA may, at its election, tender claims to foreign collecting societies and distribute the funds collected in accordance with SAG-AFTRA's distribution rules, agreements with the foreign societies, and foreign royalty or other class action settlement agreements, as applicable. I will not revoke this designation without the prior consent of SAG-AFTRA.

I HAVE READ THE FOREGOING AND ACCEPT MEMBERSHIP IN SAG-AFTRA ON SUCH CONDITIONS.

LEGAL NAME (Please Print): _____

LEGAL SIGNATURE: _____
If member is a minor, signatures of both parents and legal guardian are needed. Legal proof of guardianship is required.

PROFESSIONAL NAME (Please Print): _____

PROFESSIONAL SIGNATURE: _____

DATE: _____

NOTE: Legal and professional name on page four (4) must match page one (1) of this application.