



**AMERICAN FEDERATION OF MUSICIANS
of the United States and Canada – Professional Musicians, Local 47
APPLICATION FOR MEMBERSHIP**



I, the undersigned, hereby apply for membership in the above stated Local of the American Federation of Musicians of the United States and Canada (A.F. of M.). I affirm that all statements made in this 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.

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

Professional Name: _____

Social Security Number: _____

Address: _____

How long at current address? _____

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

Previous Address: _____

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

Place of Birth: _____
(City) (State)

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: _____

Telephone: () _____

Are you currently an A.F. of M. Member? _____

If so, Local Number(s): _____

If a former member, which Local(s) and how and when was membership terminated? _____

Principal instrument(s): _____

Other instrument(s) played: _____

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

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

I pledge to abide by all Rules, Regulations, and Bylaws of the A.F. of M. and those of Local 47. I agree to pay all dues and assessments (including work dues on all musical services performed) as required by those Bylaws. I further agree to complete any orientation required by the Local within the time specified by its Bylaws. I authorize the American Federation of Musicians and Local 47 to act as my collective bargaining representative with full power to execute collective bargaining agreements with employers governing terms and conditions of employment. I also understand and agree that so long as I hold membership in good standing in Local 47 I shall, by virtue of that membership, also be a member of the Musicians' Club of Los Angeles—a tax-exempt non-profit building corporation—and I further pledge to abide by the Constitution and Bylaws and by the Rules and Regulations of the latter.

SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR CHECK-OFF OF WORK DUES

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 thereof having jurisdiction over these services ("Local 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 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 members within the 15 day period following the expiration of any such annual period or, with respect to any employer having a collective bargaining agreement, within the 15 day period following the termination date of any such collective bargaining agreement.

SIGNATURE : _____ DATE: _____

AUTHORIZATION TO ESCROW FUNDS

I hereby authorize Local 47 to collect sums due me under AFM and/or Local Agreements or otherwise due me for use of my musical services and, in the event I cannot be located, I authorize Local 47 to deposit such sums for my benefit in Local 47's Escrow Fund. I acknowledge that should I fail to claim any such sums within three years of their deposit into Local 47's Escrow Fund, those funds may be transferred to Local 47's General Fund pursuant to Local 47's Bylaws. I understand that I may claim any sums thus transferred to Local 47's General Fund by making a written application to Local 47 for release of such funds and that any such application will be governed by reasonable rules and regulations established by Local 47.

SIGNATURE : _____ DATE: _____

APPROVED BY THE EXECUTIVE BOARD

DATE: