



## Musicians Union of Las Vegas Local 369 AFM, AFL-CIO

3701 Vegas Drive , Las Vegas NV 89108  
Office: (702) 647-3690 Fax: (702) 647-3693

### Welcome to Musicians Union of Las Vegas, Local 369 AFM, AFL-CIO...

The following forms must be completed and brought to the Local 369 offices in order for you to successfully join our Union:

1) Membership Application for the International AFM.

Please complete and sign the form. Make sure to sign and date the Membership Obligation section and the Work Dues Check-Off Authorization section located on the second page of this Application.

2) Membership Application for Las Vegas Local 369.

Please complete and sign the form. Make sure to indicate which instruments you play on the second page of this Application.

3) Local 369 Group Life Insurance Beneficiary Form.

As a benefit to all Local 369 members, the Union provides a death benefit to person(s) of your choosing. Please complete this form, including the "Contingent Beneficiary" on the second page of the form. (The Contingent Beneficiary is the person you designate to receive your benefit should the initial beneficiaries pre-decease you.)

4) U.S. Immigration & Naturalization Form I-9.

The I-9 Form is required by the Federal Government for membership into our Local. Please carefully fill out the form, sign and date it. You will also need proper identification to accompany this form as indicated on the LISTS OF ACCEPTABLE DOCUMENTS within the I-9 form. Please note that you must submit ONE selection from List A **OR** a combination of ONE selection from List B and ONE selection from List C.

We also require that you provide a current headshot or picture of yourself plus a short bio for inclusion in our Union Directory. This photo and bio should be sent via email to [info@musicians.vegas](mailto:info@musicians.vegas) prior to submitting the completed membership forms.

Please bring all four of the completed above forms, including the identification required by the I-9 Form, to our union offices. At that time you will be asked to pay your initiation fee for admission into Local 369. The current one time initiation fee is \$130 (*consisting of \$65 to the International AFM and \$65 to Local 369*) plus yearly membership dues of \$170. The initiation fee is waived for youth and student memberships (ask the Union office for specifics).

Please call the Union offices at the number above if you have any questions on the application process. It is recommended that you schedule an appointment for when you wish to bring in your completed paperwork for membership. Thanks!



# APPLICATION FOR MEMBERSHIP IN THE UNITED STATES

**American Federation of Musicians of the United States and Canada** Local No. 369

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 # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

How long at current address? \_\_\_\_\_

Previous Address \_\_\_\_\_  
\_\_\_\_\_

Phone [Home, Principal] \_\_\_\_\_ [Work, Message] \_\_\_\_\_ [Cell Phone] \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Date of Birth [MM/DD/YY] \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_ If not, type of visa \_\_\_\_\_

Place of Birth [City] \_\_\_\_\_ [State] \_\_\_\_\_ [Country] \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Their phone [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(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? \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_



# Musicians Union of Las Vegas Local 369 AFM, AFL-CIO

3701 Vegas Drive , Las Vegas NV 89108  
Office: (702) 647-3690 Fax: (702) 647-3693

## New Member Application

(Please Print)

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/day/year

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

AKA (if any): \_\_\_\_\_ PKA (if any): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Do you want to have your address unlisted so it is not available to others? YES  NO

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you want to have your home phone unlisted so it is not available to others? YES  NO  Do you want to have your cell phone unlisted so it will not available to others? YES  NO

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work & Fax numbers will not be listed in the membership directory.

EMAIL ADDRESS: \_\_\_\_\_

Do you want to have your email address unlisted so it is not available to others? YES  NO

Local 369's publication, the Desert Aria, will be emailed to your email address quarterly. The Desert Aria is also available on Local 369's website.

**DON'T FORGET TO COMPLETE INSTRUMENT LIST ON REVERSE SIDE**

FOR UNION USE ONLY:

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID NUMBER: \_\_\_\_\_

# Musicians Union of Las Vegas Instrument List

**Using 1, 2, 3, etc., write the order of instruments as you would like them to appear next to your name in the membership directory. (Limit to 7)**

Instrument Name	Inst #	Instrument Name	Inst #	Instrument Name	Inst #
Accordion	1051	Exotic Instruments	1130	Piano (inc electric)	1056
Arranger	1111	Fiddle	1097	Piccolo	1066
Bagpipes	1121	Flugelhorn	1050	Recorder	1067
Banjo	1076	Flute	1061	Sax	1033
Banjo, 5-String	1077	Flute, Alto	1062	Sax, Alto	1034
Bass, Acoustic/Upright	1083	Flute, Amplified	1063	Sax, Amplified	1035
Bass, Electric	1079	Flute, Bass	1064	Sax, Baritone	1036
Bass, Keyboard	1080	Flute, Eb	1065	Sax, Bass	1037
Bass, Pedal	1081	Flute, Wooden Ethnic	1129	Sax, Soprano	1038
Bassoon	1003	French Horn	1093	Sax, Tenor	1039
Bassoon, Contra	1125	Guiro	1018	Sitar	1103
Bells	1001	Guitar	1068	Solovox	1059
Bouzouki	1078	Guitar, 12 String	1072	Spoons	1027
Broom	1082	Guitar, Classical	1069	Synthesizer	1060
Bugle	1120	Guitar, Electric	1070	Tabla	1110
Celeste	1007	Guitar, Requinto	1073	Teacher	1117
Cello	1100	Guitar, Steel	1071	Thumb Piano	1057
Cimbalom	1009	Harmonica	1107	Timpani	1029
Clarinet	1088	Harp	1106	Toere	1102
Clarinet, A	1084	Harpichord	1054	Trombone	1042
Clarinet, Bass	1085	Horn, Alto	1090	Trombone, Amplified	1040
Clarinet, C	1087	Horn, Baritone	1092	Trombone, Bass	1041
Clarinet, Eb	1086	Horn, Bass	1091	Trombone, Valve	1043
Clarinet, Eb Contra-Bass	1122	Hosette	1104	Trumpet	1045
Claves	1010	Jaw Harp	1019	Trumpet, Bass	1046
Clavietta	1052	Keyboards	1128	Trumpet, C	1049
Comedy	1119	Librarian	1115	Trumpet, Piccolo	1047
Composer	1112	Lute	1105	Tuba	1108
Conductor	1113	Mallets (vibes/marim/xyl)	1020	Ukulele	1075
Copyist	1114	Mandolin	1074	Vericord	1109
Cordovox	1053	Mellophone	1096	Viola	1099
Cornet	1048	Oboe	1095	Viola Da Gamba	1126
Cow Bells	1012	Orchestrator	1116	Viola De Amore	1123
Drums (combo, cocktail)	1013	Organ	1055	Violin	1098
Drums, Steel	1127	OUd	1023	Vocal Coach	1124
English Horn	1094	Penny Whistle	2000	Vocals	1118
Euphonium	1089	Perc (inc acces/'toys')	1008	Zither	1026
		Perc, Latin (inc acces/'toys')	1002		



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## Local 369 Group Life Insurance

MEMBER INFORMATION		
LAST NAME	FIRST NAME	MIDDLE INITIAL
SIGNATURE	SOCIAL SECURITY NUMBER	DATE

BENEFICIARY INFORMATION #1		
LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS		
BIRTHDATE	PHONE NUMBER	PERCENTAGE
RELATIONSHIP TO MEMBER		

BENEFICIARY INFORMATION #2		
LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS		
BIRTHDATE	PHONE NUMBER	PERCENTAGE
RELATIONSHIP TO MEMBER		

**BENEFICIARY INFORMATION #3**

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS		
BIRTHDATE	PHONE NUMBER	PERCENTAGE
RELATIONSHIP TO MEMBER		

**BENEFICIARY INFORMATION #4**

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS		
BIRTHDATE	PHONE NUMBER	PERCENTAGE
RELATIONSHIP TO MEMBER		

**CONTINGENCY BENEFICIARY INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS		
BIRTHDATE	PHONE NUMBER	PERCENTAGE
RELATIONSHIP TO MEMBER		



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code







**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**