



AMERICAN FEDERATION OF MUSICIANS LOCAL 369 of the United States and Canada, AFL-CIO



APPLICATION FOR MEMBERSHIP

Legal Name: _____
 (Last) (First)

 (Middle - optional)
 Stage Name (optional): _____
 Social Security Number: _____
 Street Address: _____
 City/State/Zip: _____
 How long at current address? _____
 Email: _____
 I want to receive Work Dues Statements by:
 email only mail only email and mail
 Website: _____

Closest relative (or other person who will always know your address) not living with you:
 Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone: _____

Are you currently an AFM member? Yes No
 If yes, Local Number(s): _____

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

Primary instrument/musical occupation: (e.g. piano, composer, arranger, etc.)

Additional instrument(s)/musical occupation(s):

If you are currently a member of a regularly organized musical group, what is the name of the group?

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

Please select the contact information you would like published in your Member Directory profile (this is how members and contractors will be able to contact you):

Legal Name Stage Name Address
 Email Primary Phone Secondary Phone

Local 369 will never sell or distribute your personal information

Date of Birth: _____ Place of Birth: _____
 U.S. Citizen? Yes No If no, type of visa _____

MEMBERSHIP OBLIGATION

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 this 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. I pledge to abide by all Rules, Regulations, and Bylaws of the AFM and those of Local 369. 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 369 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, executive, acknowledge and deliver any and all documents and pleadings, litigate, collect, and receive money, and in the AFM's sole judgement, join me as a party plaintiff or defendant in suits or proceedings, or to bring suit in my name or the FM's name, in respect to 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

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 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 member 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, or within any other period following termination of such collective bargaining agreement when I continue to work but there is no collective bargaining agreement in effect.

SIGNATURE: _____ DATE: _____

For office use only:
 LOCAL OFFICER APPROVAL: _____ DATE: _____