



# AMERICAN FEDERATION OF MUSICIANS LOCAL 47 of the United States and Canada, AFL-CIO/CLC



## 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:  
 \_\_\_\_\_

Primary Phone: \_\_\_\_\_  
 Home  Cell  Office  Ans/Svc  Fax  Home & Fax  Other

Secondary Phone: \_\_\_\_\_  
 Home  Cell  Office  Ans/Svc  Fax  Home & Fax  Other

**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 47 will never sell or distribute your personal information.*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen?  Yes  No If no, type of visa \_\_\_\_\_

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 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 nonprofit building corporation—and I further pledge to abide by the Constitution and Bylaws and by the Rules and Regulations of the latter. By providing your email you agree to receive official electronic communications from AFM Local 47.

SIGNATURE: **X** \_\_\_\_\_ DATE: \_\_\_\_\_

### AUTHORIZATION FOR CHECK-OFF 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 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: **X** \_\_\_\_\_ 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: **X** \_\_\_\_\_ DATE: \_\_\_\_\_

*For office use only:*  
 APPROVED BY THE EXECUTIVE BOARD: \_\_\_\_\_ DATE: \_\_\_\_\_