



# American Federation of Musicians of the United States and Canada

AFL-CIO/CLC Affiliated

OFFICE OF THE PRESIDENT

THOMAS F. LEE

1501 Broadway, Suite 600

New York, NY 10036-5503

(212) 869-1330 • FAX (212) 764-6134

[www.afm.org](http://www.afm.org)

Dear Applicant:

Thank you for requesting an application to become signatory to the American Federation of Musicians Booking Agent Agreement.

An informational sample copy of the Agreement is enclosed for your perusal.

Please complete the application, and forward to us with the appropriate attachments. If your state or locality requires a license, we shall need a photocopy of that license prior to AFM approval of your application.

Once we receive your application, you will be contacted by a Local Officer of the AFM for a brief interview as part of the approval process. Upon receipt of that Local's letter of no-objection, we will inform you of your application's approval.

Until such time as your application is approved, do not book engagements on contracts which represent you to be a signatory to the Agreement.

Please feel free to call us at 212-869-1330, Ext. 231 with any questions related to the Booking Agent Agreement you may have.

Sincerely,

Steve Gelfand, Director Touring, Theater and Booking  
Assistant to the President  
AFM



# APPLICATION FOR AFM BOOKING AGENT AGREEMENT

## 1(A). COMPLETE ONLY IF SOLE OWNERSHIP

Applicant's legal name \_\_\_\_\_  
(First) (Middle) (Last)

Residence Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone \_\_\_\_\_  
(Area Code & Number)

## 1(B). COMPLETE ONLY IF PARTNERSHIP

Name of Partnership \_\_\_\_\_

Date Formed \_\_\_\_\_

List all partners (incl. addresses)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 1(C). COMPLETE ONLY IF CORPORATION

- a. Date and place of incorporation \_\_\_\_\_
- b. Address \_\_\_\_\_
- c. Names and addresses of:
  - President \_\_\_\_\_
  - Vice President \_\_\_\_\_
  - Secretary \_\_\_\_\_
  - Treasurer \_\_\_\_\_
- d. Names and addresses of all persons owning, directly or beneficially, 5% or more of the outstanding shares of any class of stock or 5% of any other outstanding security:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- e. Name and address of officer to whom all official correspondence should be sent:
  - \_\_\_\_\_
  - \_\_\_\_\_
- f. Please attach copy of Articles of Incorporation

2. Agency Trade Name \_\_\_\_\_

3. Agency Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone \_\_\_\_\_  
(Area Code & Number)

4. State occupation (other than booking agent) for all parties listed in 1(A), 1(B) or 1(C) above:

<small>(name)</small>	<small>(Occupation)</small>	<small>(Employer)</small>
_____	_____	_____
_____	_____	_____

5. Please furnish name and address of principal bank(s) with which you have accounts:

<small>(Name)</small>	<small>(Address)</small>	<small>(Type of Account)</small>
_____	_____	_____



6. How long have you (person signing application) resided in the area of your current address?

7. If anyone listed in 1(A), 1(B) or 1(C) is a member of the American Federation of Musicians, list local affiliation(s) wherein membership is held:

\_\_\_\_\_  
(Name) (Local Number)

8. Is anyone listed on the application engaged in the representation or employment of musicians other than as a booking agent? \_\_\_\_\_ If yes, please explain nature of activities:

\_\_\_\_\_  
\_\_\_\_\_

9. Are there any written or oral agreements presently in effect between applicant, partners or corporate officers and any musician? \_\_\_\_\_ If yes, please detail and attach copies of contracts to application:

\_\_\_\_\_  
\_\_\_\_\_

10. Does anyone listed above have any financial interest in any establishment or concern that employs musicians? \_\_\_\_\_ If yes, please detail:

\_\_\_\_\_  
\_\_\_\_\_

11. Please list all subagents or salespeople who will be employed by the agency. (Note: Agent may use subagents or salespeople. The agent is responsible for their actions and all activities conducted in the name of the agency.) Attach separate list if necessary.

\_\_\_\_\_  
(Name) (Address) (Occupation)

12. If your state laws require booking agencies to be licensed, it will be necessary for you to attach a copy of your state license to this application.

13. Provide two (2) business references:

\_\_\_\_\_  
(Name) (Address)

Applicant(s) warrants and represents that the answers to the above questions are true and complete and hereby applies to become a party to a Booking Agent Agreement with the American Federation of Musicians.

Dated: \_\_\_\_\_  
Month/Day/Year

Signature(s) of individual, partners or corporate officers below;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Mail completed application to: American Federation of Musicians, Booking Agent Department, 1501 Broadway, Suite 600, New York, NY 10036.