(click in fields to edit, tab to next field)

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PART 1 – REPLACEMENT MUSICIAN PERSONAL INFORMATION

BAND NAME: _____ **LEADER:** _____

DATE OF ENTRY REQUESTED: _____

A. MUSICIAN <u>CURRENTLY ON THE P2 APPROVAL NOTICE</u> IS: _____

B. MUSICIAN YOU WISH TO <u>SUBSTITUE</u> FOR THE ABOVE NAMED INDIVIDUAL:

FIRST NAME: _____ **SURNAME/LAST NAME:** _____

DATE OF BIRTH: (m)_____(d)_____(y)_____

PHONE CONTACT INFORMATION: _____

CURRENT ADDRESS: _____

<u>PASSPORTS ARE MANDATORY**</u>**

PASSPORT NUMBER : _____ **EXPIRY DATE: (m) _____(d)_____(y)_____**

COUNTRY OF BIRTH: _____ **PROVINCE OF BIRTH:** _____

ARE YOU A CANADIAN CITIZEN? YES _____ **NO** _____

HAVE YOU EVER BEEN DENIED ACCESS TO THE UNITED STATES AT ANY TIME FOR ANY REASON?
YES _____ **NO** _____

PART 2 – TRAVELLING INFORMATION:

IMPORTANT INFORMATION NEEDED FROM YOUR APPROVAL NOTICE:

Receipt Number EAC/WAC (3 alpha, 10 numeric) _____(located on the top left corner of the approval notice)

Expiry Date/P2 is valid until : _____ (located on the top right corner of approval notice)

<u>MUSICIAN PLEASE SIGN BELOW:</u>

I certify that the information provided in Part 1 is all true and correct and that any criminal history has been disclosed to AFM Canada at the time of this request. I further acknowledge by not doing so can prevent yourself from entering the US.

SIGNATURE OF MUSICIAN NAMED ABOVE: (faxed signature is acceptable)

_____ **DATE:** _____

<u>PLEASE HAVE YOUR LOCAL AFM OFFICER/STAFF SIGN THE FOLLOWING TO VERIFY MEMBERSHIP</u>

Musician(s) must be 'paid up' for period requested)

AFM LOCAL #_____ DUES PAID UNTIL: _____

SIGNED THIS _____ DAY OF _____, 20___. _____

LOCAL OFFICIAL - SIGNATURE

You may provide membership verification by **<u>either</u>** having this application signed by an AFM Local Official **<u>OR</u>** providing a copy of your current membership card **<u>OR</u>** providing a receipt showing dues paid from the AFM Local where you are a member**.**
AFM Canada can not verify membership on your behalf.

Please print, sign and mail/fax/courier.

Revised 02/11/2008 form_APR09

Note: A Digital Signature should be accompanied by a Certificate file. See Acrobat Reader Help for instructions.