Dear Applicant,

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

Please complete the application, and forward it to the AFM with the appropriate attachments. If your state or locality requires a license, we shall need a copy 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.

Please feel free to contact us with any questions regarding this process.

Sincerely,

TINO GAGLIARDI
Assistant to the International President
Director, Theatre Touring and Booking
American Federation of Musicians
of the United States and Canada
APPLICATION FOR AFM BOOKING AGENT AGREEMENT

1(A). COMPLETE ONLY IF SOLE OWNERSHIP

Applicant's legal name

Residence Address

Telephone

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

Telephone

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

(name) (Occupation) (Employer)

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

(name) (Address) (Type of Account)
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, Ninth Floor, New York, NY 10036.