

American Federation of Musicians

of the United States and Canada

AFL-CIO/CLC Affiliated

RAYMOND M. HAIR, JR.

OFFICE OF THE PRESIDENT
1501 Broadway, Ninth Floor
New York, NY 10036-5501
(212) 869-1330, Ext. 212 • FAX (212) 768-7452
Email: presoffice@afm.org

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).	CC	COMPLETE ONLY IF SOLE OWNERSHIP								
	Applicant's legal name				0.00					
	Residence Address		,	(Middle)	(Lasi)					
	Telephone (Area Codo & Number)			(City)	(Stale)	(Zip)				
1(B).	COMPLETE ONLY IF PARTNERSHIP									
		ame of Partnership								
		ite Formed								
	List all partners (incl. addresses)									
1(C).	COMPLETE ONLY IF CORPORATION									
	a.	Date and place of incorp								
	b. c.	Address Names and addresses o	f;							
		_								
	d. Names and addresses of all persons owning, directly or beneficially, 5% or mor									
	outstanding shares of any class of stock or 5% of any other outstanding security:									
	14									
	e.	 Name and address of officer to whom all official correspondence should be sent: 								
	f. Please attach copy of Articles of Incorporation									
2.	Age	ncy Trade Name								
	Agency Address									
	(Sireel) Telephone		(Stroot)	(City)	(State)	(Zip)				
	(Area Code & Number)									
,	State occupation (other than booking agent) for all parties listed in 1(A), 1(B) or 1(C) above:									
-	(name)		Оссиј	palion)	(Employer)					
j. 1	Plea	se furnish name and addr	ess of principal bank(s	s) with which you have a	ccounts:					
		/Blama)		(Address)	(Type of	Account)				
· ·	(Name)			funda ssi		,				

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:					
	: M-11-4 	(Name)	(Local Number)			
8.	Is anyone listed on the application as a booking agent?	ation engaged in the representation	n or employment of musicians other n nature of activities:			
9.	Are there any written or oral a officers and any musician?	greements presently in effect betw If yes, please detail and atta	veen applicant, partners or corporate ach copies of contracts to application:			
10.	Does anyone listed above have	ye any financial interest in any esta	ablishment or concern that employs			
	musicians? If yes, pl					
11.	Please list all subagents or salespeople who will be employed by the agency. (Note: Agent m subagents or salespeople. The agent is responsible for their actions and all activities conduct name of the agency.) Attach separate list if necessary.					
	(Name)	(Address)	(Occupation)			
2.	If your state laws require book of your state license to this app		be necessary for you to attach a copy			
3.	Provide two (2) business refer	ences:				
	(Name)		(Address)			
			estions are true and complete and he American Federation of Musicians,			
ated	; Month/Day/Year	=				
igna	ture(s) of individual, partners or	r cornorate officers below:				
		desperate emission deservi				
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NOTE: Mail completed application to: American Federation of Musicians, Booking Agent Department, 1501 Broadway, Ninth Floor, New York, NY 10036.