



# AMERICAN FEDERATION OF MUSICIANS of the United States and Canada

## ATLANTA FEDERATION OF MUSICIANS, Local 148-462

### Application for Membership in the United States

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 the 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.

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Professional Name: \_\_\_\_\_

Social Security Num: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

How long at current address? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
\_\_\_\_\_

Home/ Principal Telephone: \_\_\_\_\_

Work/ Message Telephone: \_\_\_\_\_

Fax Machine: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MONTH DAY YEAR

Place of Birth: \_\_\_\_\_  
CITY STATE COUNTRY

U.S. citizen? \_\_\_\_\_ If not, type of visa \_\_\_\_\_  
*Please provide copy of visa with application.*

Closest relative (or other person who will always know your address) not living with you:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Their Telephone \_\_\_\_\_

I am currently an AFM member of Local No. \_\_\_\_\_

I have been a member of the following Local(s) of the AFM:

Resigned from Local No. \_\_\_\_\_ Date \_\_\_\_\_

Expelled from Local No. \_\_\_\_\_ Date \_\_\_\_\_

Principal instrument(s): \_\_\_\_\_

*Please circle all instrument(s) played professionally on other side.*

I am currently a member of the following musical group(s): \_\_\_\_\_  
\_\_\_\_\_

Personal manager(s) or booking agent(s) with whom I have any agreements: \_\_\_\_\_  
\_\_\_\_\_

I pledge to abide by all Rules, Regulations, and Bylaws of the AFM and the Local stated above. I agree to pay all dues and assessments (including work dues on all musical services performed) required by those Bylaws. I further agree to complete any orientation or indoctrination required by the Local within the time specified by its Bylaws. I authorized the American Federation of Musicians and the above-named Local to act as my collective bargaining representative with full power to execute collective bargaining agreements with employers governing terms and condition of employment.

I further authorize the AFM, in the name of the AFM or in my name, to do all acts, initiate all proceedings, execute, acknowledge and deliver any and all documents and pleadings, litigate, collect and receive money, and, in the AFM's sole judgment, join me as a party plaintiff or defendant in suits or proceedings, or to bring suit in my name or the AFM's name, in respect of any AFM collectively negotiated agreement or any statutory royalty or remuneration payment to which I may be entitled under the laws of the United States or other countries or under international law or treaties. I authorized the AFM to offset from recovery payable to me, resulting from any judgment or settlement, a pro rata share of the expenses and reasonable attorney's fees or collection agency's fees incurred in connection with that recovery. I further authorize the AFM to offset from any royalties and remunerations collected the reasonable expenses of collecting, administering and distributing those royalties and remunerations.

I also understand that, when the Federation receives any residual payments for a new use of a musical product, the Federation will deposit those monies into a separate interest-bearing account and then will attempt to identify and locate the musicians to whom the payments are due and to distribute those payments to them. In the event that I cannot be identified and located, and I do not file a claim for payment with the Federation within three years after the Federation receives the payment, I authorized the Federation thereafter to transfer the monies due to me to the general treasury to be used to defray the cost of administering and operating the Federation; provided, however, that at any subsequent point I may file a written claim the Federation and, upon doing so, I shall be entitled to receive the residual payment to which I am entitled (without interest and offset by the applicable Federation work dues) unless the State is then holding the residual payment I am due, in which case I shall apply to the State for my payment.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

#### BOND FOR MINORS APPLICANTS

I do hereby pledge myself as surety for the above applicant, a minor, until said applicant reaches the age of majority. I also give my consent to said applicant becoming a member of the AFM. Date \_\_\_\_\_

NAME of SURETY (Print) \_\_\_\_\_

SIGNATURE of SURETY \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

ADDRESS of Surety \_\_\_\_\_  
\_\_\_\_\_

LOCAL OFFICER APPROVAL \_\_\_\_\_

Date \_\_\_\_\_

DURATION	AMOUNT	INITIATION	TOTAL
One calendar quarter.....	\$38.00.....	\$100.00.....	\$138.00
Two calendar quarters.....	\$71.00.....	\$100.00.....	\$171.00
Three calendar quarters.....	\$109.00.....	\$100.00.....	\$209.00
Four calendar quarters.....	\$137.00.....	\$100.00.....	\$237.00

*Please enclose payment with application.*

*Current AFM members may subtract \$65.00 from total.*

# ATLANTA FEDERATION OF MUSICIANS

551 Dutch Valley Road NE, Atlanta, GA 30324; 404-873-2033 phone; 404-873-0019 fax; office@atlantamusicians.com

# MEMBERSHIP APPLICATION

## MUSICAL STYLES *Circle all which pertain to you*

AM Traditional American	CW Country Western	KL Klezmer	SP Spiritual
BA Ballad	DX Dixieland	LC Leader/Contractor	SQ String Quartet
BB Big Band	EE East European	MX Mexican	ST Strolling
BL Bluegrass	ET Ethnic Music	NW New Age	SD Studio
BQ Brass Quartet/Quintet	FM Folk Music	NO 50's Nostalgia	SW Swing-Dance-Standards
TH Broadway Theater	GK Greek	PO Pops	WW Woodwind
CP Calypso	GS Gospel	RP Rap	other _____
CL Classical	HM Heavy Metal Rock	RG Reggae	_____
CM Chamber Music	HB Hillbilly	RB Rhythm and Blues	_____
CB Concert Band	HH Hip Hop	RK Rock and Roll / Top 40	_____
CJ Contemporary Jazz	HP Historical Performance	RS Russian	_____
GB Club Date / Casual	JZ Jazz	SL Salza/Latin	

## TEACHER INFORMATION *Please fill out if you teach*

Location(s) where you teach: \_\_\_\_\_

Instruments taught: \_\_\_\_\_

## INSTRUMENTS *Circle all instruments which you play professionally and which you own*

ACC Accordion	DRP Drum Programming	LIN Latin Instruments	DRT Tabla
ACX Accordovox	DUL Dulcimer	LSP Lead Sheet Prep	TAM Tambourine
ALP Alphorn	DLH Dulcimer, Hammered	LIB Librarian	TAZ Tamburitzza
ARR Arranger	OBE English Horn	LUT Lute	TYM Timbales
HRA Auto Harp	EUP Euphonium	MAL Mallets	TIM Timpani
BAP Bagpipes	FID Fiddle	MND Mandolin	TRN Transcriptions
BA Balalaika	FIF Fife	MNB Mandolin, Bass	TB Trombone
BAA Balalaika, Bass	FLU Fluegelhorn	MNC Mandocello	TBA Trombone, Alto
BAK Balalaika, Contrabass	FL Flute	MRM Marimba	TBB Trombone, Bass
BAN Bandoneon	FLA Flute, Alto	MEL Mellophone	TBC Trombone, Contrabass
BJ5 Banjo, Five-String	FLQ Flute, Baroque	MED Melodica	TBT Trombone, Tenor
BJP Banjo, Plectrum	FLB Flute, Bass	MID MIDI	TBV Trombone, Valve
BJT Banjo, Tenor	FLE Flute, Eb	OB Oboe	TBX Trombonium
BS Bass, Double	FLL Flute, Electric	OBQ Oboe, Baroque Oboe	TP Trumpet
BSQ Bass, Baroque Bass	FLN Flute, Ethnic	OBG Oboe, Bass	TPQ Trumpet, Baroque
BSL Bass, Electric	FNA Flute, Native American	OBG Oboe d'Amore	TPB Trumpet, Bass
BSM Bass, Moog Bass	GAM Gamelon	OBO Oboe d'Amore, Baroque	TRC Trumpet, C
BSP Bass, Piccolo	GLO Glockenspiel	OCA Ocarina	TPP Trumpet, Piccolo
BN Bassoon	GT Guitar	OPH Ophicleide	TU Tuba
BNQ Bassoon, Baroque	G18 Guitar, 18-String	ORC Orchestrator	TUL Tuba, Electric
BNC Contrabassoon	GTA Guitar, Acoustic	ORG Organ	TUT Tuba, Tenor
BNG Bongos	GTC Guitar, Classical	PPP Panpipes	TUW Tuba, Wagner
BZK Bouzouki	GTL Guitar, Electric	PWH Penny Whistle	UKE Ukelele
BUG Bugle	GTF Guitar, Folk	PRC Percussion	VIB Vibraphone
CAJ Cajon	GTH Guitar, Hawaiiin	PRA Percussion, African	VA Viola
CLS Celeste	GTM Guitar, Midi	PRB Percussion, Brazilian	VAL Viola, Electric
CHA Charango	GTP Guitar, Pedal Steel	PRD Percussion, Digital	VAA Viola d'Amore
CHI Chimes	GTS Guitar, Slide	PRL Percussion, Latin	VAG Viola da Gamba
CML Cimbalom	GTT Guitar, Tenor	PNO Piano	VAQ Viola, Baroque
CBS Cimbasso	GTO Guitorgan	PNL Piano, Electric	VN Violin
CL Clarinet	GUS Gusli	PIC Piccolo	VNQ Violin, Baroque
CLA Clarinet, Alto	GBK Gutbucket	REC Recorder	VNL Violin, Electric
CLB Clarinet, Bass	HAR Harmonica	REN Renaissance Winds	VC Violoncello
CLC Clarinet, Contrabass	HAC Harmonica, Chromatic	RIN Rumba Instruments	VCQ Violoncello, Baroque
CLE Clarinet, Eb	HRP Harp	SAR Sarousophone	VCP Violoncello Piccolo
CLV Clavichord	HRC Harp, Celtic	SX Saxophone	VOC Vocal
COM Composer	HRF Harp, Folk	SXA Saxophone, Alto	WSH Washboard
CND Conductor	HRL Harp, Electric	SXR Saxophone, Baritone	WBK Washbucket
DRC Conga	HPS Harpsichord	SXB Saxophone, Bass	XYL Xylophone
CPY Copyist	HNA Horn, Alto	SXC Saxophone, C-Melody	ZTR Zither
CNT Cornet	HNB Horn, Baritone	SXO Saxophone, Soprano	
CRU Crumhorn	HND Horn, Digital	SXS Saxophone, Soprano	
DOB Dobro	FRH Horn, French	SXT Saxophone, Tenor	
DR Drum Set/Traps	HNN Horn, Natural	SIT Sitar	
DRB Drum, Bass	HNT Horn, Tenor	SWH Slide Whistle	
DRK Drum, Cocktail	KBD Keyboards	DRS Steel Drums	
DRN Drum Machine	KBP Keyboard Programming	SYN Synthesizer	

## WORK DUES CHECK-OFF AUTHORIZATION (U.S. ONLY)

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 Local 148-462 hereof having jurisdiction over these services ("Local Union Work Dues"). I further authorize, and direct, each 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 (1) 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 fifteen (15) day period following the expiration of any such annual period or, with respect to any employer having a collective bargaining agreement, within the fifteen (15) day period following the termination date of any such collective bargaining agreement.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## PRIMARY BENEFICIARY DESIGNATION

(check only one box)

- Initial Beneficiary Designation(s) OR  
 Change of all prior beneficiary designation(s)

I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Member Name (*Enter Full Legal Member Name*) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Member Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Policyholder/Employer \_\_\_\_\_ Policy/Employer Number \_\_\_\_\_  
ATLANTA FEDERATION OF MUSICIANS, LOCAL 148-462 GL - 000010103828

### NAMING YOUR BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words "Not Related." If you need assistance, contact your own legal counsel, or Shellee Minella at Local 148-462 (404-873-2033).

### PRIMARY BENEFICIARY(IES)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

**Signature of Member** \_\_\_\_\_ **Date** \_\_\_\_\_

## CONTINGENT BENEFICIARY DESIGNATION

(check only one box)

- Initial Beneficiary Designation(s) OR  
 Change of all prior beneficiary designation(s)

I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Member Name (*Enter Full Legal Member Name*) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Member Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Policyholder/Employer \_\_\_\_\_ Policy/Employer Number \_\_\_\_\_  
ATLANTA FEDERATION OF MUSICIANS, LOCAL 148-462 GL - 000010103828

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Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Benefit Percent: \_\_\_\_\_

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**Signature of Member** \_\_\_\_\_ **Date** \_\_\_\_\_