



**B1 Visa Letter of Support – Information and Checklist**  
**American Federation of Musicians Of the United States and Canada**

**Tel: 416-391-5161 Ext. 223 Fax: 416-391-5165**  
**Email:switfield@afm.org Toll Free: 1-800-463-6333**

**The following information is taken from applicable section of the US Department of State and Foreign Affairs Manual Volume 9 – Visas, 41.31 N8 – N11.7**

**INFORMATION**

**Eligibility Criteria: you must demonstrate the following in order to be eligible for B-1 Status**

- The purpose of your trip is to enter the USA for business of a legitimate nature
- You plan to remain for a specific yet limited period of time
- You have the funds to cover travel expenses for your stay in the United States
- You have a permanent residence outside the USA in which you have no intention of abandoning, and other binding ties ensuring your return abroad at the end of the visit
- You are otherwise admissible to the USA

**Allowable Business Activities under B1 Classification:**

- Commercial transactions, which do not involve gainful employment in the USA
- Negotiating contracts;
- Consulting/Meeting with business associates;
- Participate in scientific, educational, professional, or business conventions, conferences, or seminars

**Cultural Program Sponsored by the Sending Country**

- Will be performing before a non-paying audience; and
- All expenses, including per diem, will be paid by the member’s government

**Participating in a Competition** for which there is no remuneration other than a prize (monetary or otherwise) and expenses.

**Utilize Recording Facility:**

- The recording will be distributed and sold outside of the USA; and
- No public performances will be given.

**Honorarium type** payment and associated incidental expense for usual **academic activities** (lecturing, guest teaching, or performing in an academic sponsored festival) if:

- The activities last no longer than 9 days at a single institution or organization
- Payment is offered by an institution/organization described in INA 212(q)
- The honorarium is for services conducted for the benefit of the institution or entity; and
- The alien has not accepted such payment or expenses from more than 5 institutions over the past 6 months.

**CHECKLIST**

	<b>Application Forms</b>	Forms are required for all musicians and technicians (parts 1, 2 and 3)
	<b>Fee for the support letter</b>	\$40.00 to be paid online once letter is completed
	<b>Documentation</b>	No matter what type of business activity you are attempting to enter the USA under the B1 classification for, you will require a document that details the following: all persons entering the USA, date of the event, venue name and full street address of where the event will take place; the purpose of the event; that there will not be a wage or salary; please see above instances where incidental expenses and honorariums apply.
	<b>Identification</b>	A copy of the biometric page of passports are required
	<b>AFM membership Verification</b>	3 ways to verify: a copy of membership card (s), email from your Local confirming names and date dues are paid until, or have a Local officer sign the part 2.

**Merchandise/Musical Equipment:** please contact your designated Port of Entry or Pre-Flight Inspection with questions regarding custom clearance of instruments, equipment and merchandise and/or visit [www.chamber.ca](http://www.chamber.ca) for information in clearing professional equipment.

**Out-of-Country Health Insurance:** It is always advisable when traveling to other countries that you obtain *additional* out-of-country health insurance, especially in cases where consecutive periods of time are spent working abroad.

**All AFM application forms are to be returned to AFM Canada Office via fax (416-391-5165) or by email to [switfield@afm.org](mailto:switfield@afm.org). AFM then will process a letter of support for your entry.**

**PART 1(a)**

**SHOWCASE/B1 APPLICATION – MUSICIAN PERSONAL INFORMATION**

**BAND NAME or LEADER NAME:**

**MUSICIAN NAME: (full legal name as it appears on your birth certificate and passport)**

**(SURNAME) (FIRST) (FULL MIDDLE NAME)**

**MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH: (m)\_\_\_\_(d)\_\_\_\_(y)\_\_\_\_\_**

**CONTACT INFORMATION:**

**TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_**

**CURRENT ADDRESS: \_\_\_\_\_**

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

**ARE YOU A CANADIAN CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF NO, WHAT IS YOUR CURRENT STATUS IN CANADA? \_\_\_\_\_**

**\*\*PASSPORTS MANDATORY\*\***

**PASSPORT NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_**

**COUNTRY OF BIRTH: \_\_\_\_\_ PROVINCE OF BIRTH: \_\_\_\_\_**

**HAVE YOU EVER BEEN DENIED ACCESS TO THE UNITED STATES AT ANY TIME FOR ANY REASON?**

**YES \_\_\_\_\_ WHY? \_\_\_\_\_**

IF YES, additional documents may be required and processing of your application may be delayed.

**NO \_\_\_\_\_**

**NAMED MUSICIAN MUST PERSONALLY SIGN BELOW:**

*I certify that the information provided in Part 1(a) is true and correct and that any criminal history has been disclosed to AFM at the time of this request. I further acknowledge by not doing so can delay the processing of this petition in whole or in part and AFM cannot be held responsible for any losses, damages, etc.*

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

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

**PART 1(b)**

**SHOWCASE/B1 APPLICATION – TECHNICIAN PERSONAL INFORMATION**

**BAND NAME/LEADER NAME: (if applicable)**

**TECHNICIAN NAME: (full legal name as it appears in your passport or birth certificate)**

**MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_ **DATE OF BIRTH: (m)** \_\_\_\_\_ **(d)** \_\_\_\_\_ **(y)** \_\_\_\_\_

**CONTACT INFORMATION:**

**TELEPHONE: ( )** \_\_\_\_\_ **( )** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

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

**ARE YOU A CANADIAN CITIZEN? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF NO, WHAT IS YOUR CURRENT STATUS IN CANADA?** \_\_\_\_\_

**\*\*PASSPORTS MANDATORY\*\***

**PASSPORT NUMBER:** \_\_\_\_\_ **EXPIRY DATE:** \_\_\_\_\_

**COUNTRY OF BIRTH:** \_\_\_\_\_ **PROVINCE OF BIRTH:** \_\_\_\_\_

**HAVE YOU EVER BEEN DENIED ACCESS TO THE UNITED STATES AT ANY TIME FOR ANY REASON?**

**YES** \_\_\_\_\_ **WHY?** \_\_\_\_\_

IF YES, additional documents may be required and processing of your application may be delayed

**NO** \_\_\_\_\_

**NAMED TECHNICIAN MUST PERSONALLY SIGN BELOW:**

*I certify that the information provided in Part 1(b) is true and correct and that any criminal history has been disclosed to AFM at the time of this request. I further acknowledge by not doing so can delay the processing of this application in whole or in part and AFM cannot be held responsible for any losses, damages, etc.*

**SIGNATURE OF TECHNICIAN NAMED ABOVE: (faxed signature is acceptable)**

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

**PART 2**

**SHOWCASE/B1 VISA APPLICATION – TRAVELING INFORMATION**

Part 2 must be completed for each and every individual of your performing unit  
(Including technical crew)

MUSICIAN / TECHNICIAN NAME:

REQUESTED DATE OF ENTRY: (date required in the United States – include traveling time):

(m) \_\_\_\_\_ (d) \_\_\_\_\_ (y) \_\_\_\_\_

Please note you may not request more than 2 days prior to your first engagement unless otherwise authorized by AFM.

REQUESTED DATE OF EXIT:

(m) \_\_\_\_\_ (d) \_\_\_\_\_ (y) \_\_\_\_\_

Indicate the day after your last engagement – no exceptions.

PRE-FLIGHT INSPECTION: (if traveling by AIR) :

OR

PORT OF ENTRY: (if traveling by LAND/SEA) :

Note: When utilizing air, land, sea, or train travel, it is imperative to name the proper airport or land port (port of entry) which will be your first entry point into the United States. Please confirm the correct port of entry by consulting a map, your travel agent PRIOR to submitting this application. .

**AFM LOCAL OFFICER MUST SIGN TO VERIFY MEMBERSHIP**

Technician(s) are not required to fill out this section.  
Musician(s) must be 'paid up' for period requested.

AFM LOCAL # \_\_\_\_\_ DUES PAID UNTIL: \_\_\_\_\_

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
LOCAL OFFICIAL - SIGNATURE

\_\_\_\_\_  
PRINTED NAME

Alternative to your Local Official signing, Members may provide a copy (front and back) of your current membership card. **OR** provide a receipt from the AFM Local or AFM website (if applying on-line) where you are a member. **AFM will not verify membership on your behalf.**

**PART 3**

**SHOWCASE/B1 VISA APPLICATION – POLICY OF INDEMNITY**

When the member(s) or their agent/representative submit an application for a B1 Support letter (Showcase engagement letter), AFM requires a minimum of five (5) business days prior to date of entry for processing this request, along with the administration fee of \$40.00.

The entertainment unit should acknowledge that after AFM accepts the application, they will be provided with a letter of support. This letter of support does not automatically guarantee entry into the United States. The border officials are the final authority to grant approval or deny entry. The AFM B1 support letter does just that: it supports the letter of invitation received from the US conference/promoter by the entertainment unit.

To legally qualify for the B-1 Entry, you further confirm by signing below, that no monetary or other forms of compensation will be received for your performance under this letter of support; compensation is anything that has a monetary value placed on it, and which is given in direct connection for services provided. Example: hotel, food/drink, registration fees/bracelets, travel. You may be required [at the US border] to present proof of your out-of-pocket expenditures to validate your B1 entry request; such as, hotel confirmation number (booked on your credit card), return flights paid by the band. If you are being charged a fee to showcase your performance, you must obtain a receipt and/or have the fee noted in the invitation/acceptance letter.

**MEMBER’S ACKNOWLEDGEMENT (or his/her representative)**

**“I acknowledge my understanding of this policy, and all terms and conditions as stated herein above”.**

MEMBER/MUSICIAN/TECHNICIAN SIGNATURE

DATE

- OR -

I am the authorized individual representative for the Entertainment Unit/Musicians known as \_\_\_\_\_ and I, being the authorized individual acting on behalf of the applicant named herein assume all responsibility to inform the musicians affected of this indemnity; and by signing **“I acknowledge this policy and its terms and conditions”**.

REPRESENTATIVE SIGNATURE and Phone number

DATE

PHONE

EMAIL

**AFM REQUIRES A CONTACT IN THE CASE THAT ADDITIONAL INFORMATION IS REQUIRED or PROBLEMS:**

**BAND LEADER/AGENT/MANAGER:** \_\_\_\_\_ **TEL:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_