



# AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA

150 Ferrand Drive, Suite 202,  
Toronto, Ontario M3C 3E5  
Tel. 416-391-5161 Fax. 416-391-5165

1. Applicant's legal name \_\_\_\_\_  
(First) (Middle) (Last)

Residence address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (Province) (Postal Code)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
(Area Code) (Number) (Area Code) (Number)

2. Agency trade name \_\_\_\_\_

3. Agency address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (Province) (Postal Code)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
(Area Code) (Number) (Area Code) (Number)

E-Mail \_\_\_\_\_ Web-Site \_\_\_\_\_

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

\_\_\_\_\_  
(Type of Account)

\_\_\_\_\_  
(Type of account)

5. How long have you (person signing application) resided in the area of your current address \_\_\_\_\_

6. If anyone listed in 1 is a member of the American Federation of Musicians of the United States and Canada, list Local affiliation(s) wherein membership is held:

\_\_\_\_\_  
(Local Number)

\_\_\_\_\_  
(Local Number)

7. Is anyone listed on the application engaged in the representation or employment of musicians other than as a booking agent? Yes  No

If answer is "Yes", please explain nature: \_\_\_\_\_

\_\_\_\_\_

8. Are there any written or oral agreements presently in effect between applicant and any musician(s)?

Yes  No

If answer is "Yes", please detail and attach copies of contracts to application.

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

9. Does anyone listed above have any financial interest in any establishment or concern that employs musicians?

Yes  No

If "Yes", please detail: \_\_\_\_\_

\_\_\_\_\_

10. Please list all sub-agents or salespersons who will be employed by the agency. (Note: Agent may avail himself only of the services of sub-agents or salespersons approved by the American Federation of Musicians, but, whether or not so approved, the Agent is responsible for the acts of any such sub-agent or salesperson.) Attach separate list if necessary.

\_\_\_\_\_  
(Name) (Address) (Age) (Occupation)

\_\_\_\_\_  
(Name) (Address) (Age) (Occupation)

11. Provide two (2) business references:

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(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 of the United States and Canada.**

**Dated:** \_\_\_\_\_, 201\_\_ .

**Signature of applicant:** \_\_\_\_\_

Note: Before this application is submitted to the American Federation of Musicians, this section must be completed by the AFM Local having geographic jurisdiction over the applicant(s) place of business.

**ONLY FOR USE BY AFM LOCAL NUMBER:** \_\_\_\_\_

**Local Recommendation(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_