



## APPLICATION FOR MEMBERSHIP

American Federation of Musicians of the  
United States and Canada — Local 257

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 the 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 therefor if I deliberately furnish any false information herein.

Name \_\_\_\_\_  
(Last) (First) (Middle)

Professional name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Previous address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Confidential-Y/N Work Phone \_\_\_\_\_

Hm Phone \_\_\_\_\_ Confidential-Y/N Email \_\_\_\_\_ Confidential-Y/N

Date of Birth [MM/DD/YY] \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

If not U.S. Citizen, type of Visa \_\_\_\_\_ City, State of Birth \_\_\_\_\_

Closest living relative Name \_\_\_\_\_ Contact phone # \_\_\_\_\_

Are you currently a member of another local? If so, Local number \_\_\_\_\_

Are you a former member of an AFM local? If so, which local (s)? \_\_\_\_\_

How and when was membership in a former local terminated? \_\_\_\_\_

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

Other instruments \_\_\_\_\_

Band or other musical group name \_\_\_\_\_

Personal manager(s) and or booking agents \_\_\_\_\_

## Membership Obligation

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 that Local within the time specified by its Bylaws. I authorize 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 conditions 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 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 authorize the Federation thereafter to transfer the monies due to me to the general treasury to be used to defray the costs of administering and operating the Federation; provided, however, that at any subsequent point I may file a written claim with 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 \_\_\_\_\_

Note: Dues, contributions or gifts to the American Federation of Musicians are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

Local Officer Approval \_\_\_\_\_ Date: \_\_\_\_\_

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