

APPLICATION FOR MEMBERSHIP

MUSICIANS' ASSOCIATION OF SEATTLE LOCAL 76-493, AFM

3209 Eastlake Ave E, Seattle, WA 98102 (206)441-7600 Web: SeattleMusicians.org Email: info@local76-493.org

FOR OFFICE U	ISE ONLY
NEW REINSTATE	AMOUNT BOARD
ML	welcome card

Name:	middle	 last	Closest Relative (or other person who will always know your current address) not living with you:		
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Professional Name:			Name:		
Social Security #:			Telephone:		
Date of Birth:			Are you currently an AFM member?		
	not, type of Visa:		If so, Local # and city:		
Primary Instrument:			Are you a former member of the AFM?		
Secondary instruments & other skills see back page.			How was membership terminated?		
Address:			Are you currently a member of a musical group?		
			Please list groups and styles:		
Telephone (primary	/):				
Telephone (seconda	ary):				
Email(s):			Please name any manager(s) or booking agents with		
Is it ak to publish m	y Phone Number?		whom you have any agreements:		
Published for member					
	ıy Email?				
Published for members only			Who referred you to Local 76-493?		
Website:			Do you teach privately?If yes, please list		
Do you wish to ho!	isted in the perform	ance acts of our	instruments or subjects:		
-					
Social Media (optio	nal):		Do you wish to be listed in the Instructor section of our website?		
PLEASE FILL OU	IT AND SIGN THI	E REVERSE SIDE!			
LOCAL OFFICER ADD	DPOVAL		DATE		

PROFILE INFORMATION/SECONDARY INSTRUMENTS

Circle number of all that apply.

 Accordion Arranger Autoharp Bagpipes Banjo Bass, Violin Bass, Electric Bassoon Bassoon, Contra Bouzouki Celeste 	23. English Horn 24. Euphonium 25. Fluegelhorn 26. Flute, Alto 27. Flute, Soprano 28. French Horn 29. Glockenspiel 30. Guitar, Acoustic 31. Guitar, Dobro 32. Guitar, Electric 33. Guitar, Pdl Steel	43. Mellophone 44. Oboe 45. Oboe d'Amore 46. Organ 47. Organ, Pipe 48. Penny Whistle 45. Percussion 46. Perc—drums 47. Perc—drum set 48. Perc—congas 49. Perc—Latin	60. Saxophone, Baritone 61. Saxophone, Bass 62. Sitar 63. Sousaphone 64. Synthesizer 65. Tamburitza 66. Theremin 67. Trombone, Alto 68. Trombone, Tenor 69. Trombone, Bass	81. Violin 82. Vocals 83. Xylophone 84 85 86 87 88 Reading ability
10. Bouzouki	32. Guitar, Electric	48. Perc—congas	68. Trombone, Tenor	
12. Cello 13. Clarinet, Eb	34. Hammered Dulcimer	50. Perc—steel drums 51. Perc—timbales	70. Trombone, Valve 71. Trumpet	Excellent Average
14. Clarinet, Bb	35. Harmonica	52. Perc—timpani	72. Trumpet, Baroque	Fair
15. Clarinet, Alto 16. Clarinet, Bass	36. Harp 37. Harpsichord	53. Piano 54. Piano, Electric	73. Trumpet, Piccolo 74. Trumpet, Bass	None
17. Composer 18. Conductor	38. Keyboards 39. Keyboards, Bass	55. Piccolo 56. Recorder	75. Tuba 76. Tuba, Wagner	
19. Congas 20. Copyist	40. Mandolin 41. Marimba	57. Saxophone, Soprano	77. Ukulele78. Vibraphone	
21. Cornet 22. Didgeridoo	42. MIDI/ Programmer	58. Saxophone, Alto 59. Saxophone, Tenor	79. Viola 80. Viola da Gamba	

Authorization For Check Off Of Work Dues To All Employers Of My Musical Services

I hereby authorize you to deduct from my pay and to remit to Local 76-493 of the American Federation of Musicians of the United States and Canada, from any wages earned by me as your employee those membership work dues, or the work dues equivalent, of a percentage of my earning which I am required to pay, and at the times I am required to pay, pursuant to the constitution and/or Bylaws of Local 76-493 and the AFM.

This authorization shall be irrevocable for the period of one year from the date hereof, and shall automatically renew itself and be irrevocable for successive annual periods unless written notice is given by me to Local 76-493 thirty days prior to the expiration of any one year period.

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	
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