

Name (first, middle and last) *

<input type="text"/>	<input type="text"/>
First Name	Middle Name
<input type="text"/>	
Last Name	

Professional Name *

Social Security Number (SSN)/ Social Insurance Number (SIN) *

Address *

How long have you been at this address? *

Previous address *



Phone *

Fax

Email Address *

Website

Date of Birth *

Place of Birth *

Citizenship *

Visa details

(if not Canadian or US citizen)

Closest relative or contact name, address, phone *

Are you a current member of another AFM local? *

- Yes
- No



Were you ever in the AFM in the past? *

- Yes
- No

Describe musical act *

What instruments do you play? List with principal instrument first

Name(s) of musical group(s), if any

Remember, if you are joining as a group at the same time the Initiation Fee is waived for all members. Contact the Office if you have questions.

Name, address and phone of manager(s) and/or agent(s)



The charter of Local 1000 stipulates that its members must perform the majority of their work outside the jurisdiction of the AFM local in which they reside. Does this accurately describe your work? *

- Yes
- No

How did you learn about Local 1000?

Submit Form

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