AFTRA NATIONAL
AGENCY INFORMATION FORM

AGENCY NAME: _____

ADDRESS: _____

_____

TELEPHONE #: _____

FAX #: _____

EMAIL ADDRESS: _____

WEBSITE: _____

OWNERSHIP BREAKDOWN & Social Security Numbers

Names:	Social Security Number	% of Ownership:

Sub-Agents Authorized to negotiate AFTRA Contracts (please add separate sheet, if necessary):

_____ _____
Name Social Security Number

_____ _____
Name Social Security Number

_____ _____
Name Social Security Number

THIS AGENCY PROVIDES REPRESENTATION IN THE FOLLOWING AREAS:

Commercials ____	TV Programs ____	Hosting ____	Daytime Drama ____
Voice Overs ____	Infomercials ____	Promos ____	Industrials ____
Non-Broadcast ____	Sound Recordings ____	Radio Programs ___	CD ROM/Interactive ____

THIS AGENCY REPRESENTS THE FOLLOWING TYPES:

Models ___	Actors ___	Animation ___
Dancers ___	Children ___	Artists w/ disabilities ___
Broadcasters ___	Older People ___	Comedians ___
Musical Artists ___	Foreign/Ethnic ___	Variety/Specialty ___
Stunt Performers ___	Puppeteers ___	Spanish Language ___