AFTRA

Member Contact Information Form

This information will be used by the AFTRA Agency Department only. AFTRA receives calls related to performer employment from producers, casting directors and other legitimate industry employers.

TALENT AGENCY NAME:			
AGENCY'S PHONE #:			
(Area code) This agency represents me in the following area(s): TV ProgramsTV CommercialsRadio CommercialsRadio ProgramsVoice-oversInfomercialsNon-BroadcastInteractiveBroadcast/NewsSound Recordings			
		Below is myManager	_AttorneyOther (check one):
		Contact Name: (Name of Mana	agement Company or Attorney)
ADDRESS:			
PHONE:			
(Area code)			
	er or attorney but can be reached for work at the following ontact number or home phone number you are authorizing ct for you.)		
(Area code)			
Signature	Social Security Number		
Printed Name	Date		

To maintain confidentiality and avoid unauthorized changes, you must fax or mail this form with your signature to either the National or Los Angeles AFTRA office listed below:

National AFTRA Agency Dept. 260 Madison Avenue, 7th floor New York, NY 10016 (Fax) 212-686-4925 Los Angeles AFTRA Agency Dept. 5757 Wilshire Blvd. Ste. 900 Los Angeles, CA 90036 (Fax) 323-634-8190