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 Programs TV Commercials Radio Com Infomercials Non-Broadcast Interactive	Broadcast/News Sound Recordings
Below is myManagerAttorneyOther (check one):	
Contact Name:	
ADDRESS:	
PHONE:(Area code)	
I do not have an agent, manager or attorney but can be reached for work at the following number. (NOTE: If you list a home phone number you are authorizing AFTRA to give it out as a contact for you.)	
(Area code)	
Signature	Social Security Number or Member ID#
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:	
260 Madison Avenue, 7 th floor New York, NY 10016	Los Angeles AFTRA Agency Dept. 5757 Wilshire Blvd. Ste. 900 Los Angeles, CA 90036 (Fax) 323-634-8190

12/01/09 Member Contact Form - website