

**AMERICAN FEDERATION OF MUSICIANS
of the United States and Canada, Local No. 72-147**

**Application For Membership
in the United States**

I, the undersigned, hereby apply for membership in the above stated Local of the American Federation of Musicians of the United States and Canada (A. F. of M.). I affirm that all statements made in the Application are true and complete. I agree that, at the option of the Local, I shall forfeit my membership and all monies paid therefor if I deliberately furnish any false information herein.

Name: _____
Last First Middle

Professional Name: _____

Social Security No.: _____

Address: _____

How long at current address? _____

Telephones: (_____) _____
(Home, Principal)

(_____) _____
(Work, Message)

(_____) _____
(Additional No.: mobile, pager, etc. please specify)

(_____) _____
(Additional No.: mobile, pager, etc. please specify)

(E-mail Address) _____

Previous Address: _____

Closest relative (or other person who will always know your address) not living with you:

Name: _____

Address: _____

Telephone: _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: City _____ State _____

U.S. citizen? _____ If not, type of visa _____

Are you currently an A. F. of M. member? _____

If so, Local No.: _____

If a former member, how and when was membership terminated? _____

Principal instrument(s): _____
Other instruments played: **See instruments codes page**

Are you currently a member of a musical group and if so, what is the name of the group? _____

Name any personal manager(s) or booking agent(s) with whom you have any agreements: _____

I pledge to abide by all Rules, Regulations, and Bylaws of the A. F. of M. and the Local stated above. I agree to pay all dues and assessment (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.

Signature: _____ Date: _____

**AUTHORIZATION FOR CHECK OFF OF WORK DUES
TO: ALL EMPLOYERS OF MY MUSICAL SERVICES**

I hereby authorize and direct you to deduct from my pay and to remit to Local Union NO. 72-147 of the American Federation of Musicians of the United States and Canada (hereinafter called "Federation"), to all other Local Unions of the Federation, and to the Federation, from any wages earned by me as your employee (in my present or in any future employment by you) those membership work dues, or the work dues equivalent, of a percentage of my earnings which I am required to pay, and at the times I am required to pay, pursuant to the Constitution and/or Bylaws of said Local Union and/or the Federation.

This authorization, direction and assignment shall be irrevocable for the period of one (1) year from the date hereof, or until the termination of any applicable collective bargaining agreement which is in effect between you and said Local Unions and/or the Federation, whichever occurs sooner; and shall automatically renew itself and be irrevocable for successive annual periods or for the period of each such succeeding applicable collective bargaining agreement, whichever shall be shorter, unless written notice is given by me to Local Union NO. 72-147 or to the Federation at least thirty (30) days prior to the expiration of any one (1) year period or at least thirty (30) days prior to the expiration of any applicable collective bargaining agreement, whichever occurs sooner.

Signature: _____ Date: _____

BOND FOR MINOR APPLICANTS

I do hereby pledge myself as surety for the applicant, a minor, until said applicant reaches the age of majority; I also give my consent to said applicant becoming a member of the A. F. of M.

Signature of Surety: _____ Date: _____ Relationship to Applicant: _____

Address of Surety: _____

LOCAL OFFICER APPROVAL: _____ DATE: _____

INSTRUMENT CODES TABLE

Please review the information below. Place an "X" by your "PRIMARY INSTRUMENT". IMPORTANT: The computer will list your primary instrument first. "CIRCLE" any other categories under which you wish to be listed.

1. ACCORDION	35. GUITAR, ACOUSTIC	69. SAXOPHONE, SOPRANO
2. ARRANGER	36. GUITAR, CLASSICAL	70. SAXOPHONE, TENOR
3. BAGPIPES	37. GUITAR, ELECTRIC	71. SOUND TECH
4. BANJO	38. HAMMERED DULCIMER	72. SOUSAPHONE
5. BARITONE HORN	39. HARMONICA	73. STEEL DRUMS
6. BAROQUE INSTRUMENTS	40. HARP	74. STEEL GUITAR
7. BASS, ACOUSTIC	41. HARPSICHORD	75. SYNTHESIZER
8. BASS, ELECTRIC	42. IRISH FLUTE	76. SYNTHESIZER DRUMS
9. BASSOON	43. KEYBOARD	77. TEACHER
10. BELLS	44. LUTE	78. THEREMIN
11. BONGOS	45. MANDOLIN	79. TIMBALES
12. CELESTE	46. MARIMBA	80. TIMPANI
13. CELLO	47. MIDI PROGRAMMER	81. TROMBONE
14. CHIMES	48. MUSICAL SAW	82. TROMBONE, ALTO
15. CLARINET A	49. OBOE	83. TROMBONE, BASS
16. CLARINET B \flat	50. OBOE D'AMORE	84. TROMBONE, VALVE
17. CLARINET E \flat	51. ORCHESTRA LIBRARIAN	85. TRUMPET
18. CLARINET, ALTO	52. ORCHESTRATOR	86. TRUMPET IN C
19. CLARINET, BASS	53. ORGAN	87. TRUMPET IN E \flat /D
20. COMPOSER	54. ORGAN, ELECTRIC	88. TRUMPET, BASS
21. CONDUCTOR	55. PEDAL BASS	89. TRUMPET, PICCOLO
22. CONGAS	56. PENNY WHISTLE	90. TUBA
23. CONTRABASSOON	57. PERCUSSION, LATIN	91. UKULELE
24. CONTRACTOR	58. PERCUSSION	92. VIBRAPHONE
25. COPYIST	59. PERCUSSION, Mallet	93. VIOLA
26. CORNET	60. PIANO	94. VIOLA D'AMORE
27. DRUM SET	61. PIANO, ELECTRIC	95. VIOLA DA GAMBA
28. ENGLISH HORN	62. PICCOLO	96. VIOLIN
29. EUPHONIUM	63. PRODUCTION	97. VIOLIN, ELECTRIC
30. FIDDLE	64. RECORDER	98. VOCALIST
31. FLUGELHORN	65. REED GROUP	99. XYLOPHONE
32. FLUTE	66. SAXOPHONE, ALTO	
33. FLUTE, ALTO	67. SAXOPHONE, BARITONE	
34. FRENCH HORN	68. SAXOPHONE, BASS	

Please call if you play any instrument not listed above (817) 469-6040.

Dallas-Fort Worth Professional Musicians Association

AFM Local 72-147

Insurance Beneficiary Card

Member's Name (please print) _____

Address _____

SSN _____ Date of Birth ____/____/____

Beneficiary _____

Relationship _____

SSN _____ Date of Birth ____/____/____

Consent of Spouse, *if other than spouse as listed as beneficiary*, is required.

Spouse's Signature _____

Date ____/____/____ Member's Signature _____