



PERFORMER INFORMATION FORM

Please provide the following information as it helps us to identify sound recordings you have performed on. Please include a copy of a Government Issue photo I.D. (driver's license, passport).

Legal Name: _____

Professional Name/AKA: _____

Maiden Name: _____

Street Address: _____

City, State, Zip: _____

Social Security Number: _____

Foreign Tax I.D. Number/Country: _____

Email: _____

Telephone(s): _____ Website/bio: _____

Date of Birth: _____ Gender: Male Female Marital Status: _____

Country of: _____

Birth: _____ Residence: _____ Citizenship: _____

Are you a vocalist? Yes No

List instruments you play: _____

List Featured Artist(s) recorded with: _____

List musical genres you are associated with: _____

Comments: _____

Signature: _____ Date: _____

Please include a copy of a Government Issue photo I.D. (driver's license, passport)
Please make sure it is clear and legible (mail or fax to 818.255.7985)

PRINT FORM - PHOTO ID & SIGNATURE REQUIRED

By signing and submitting this form, you acknowledge that you have read and agreed to the following Terms and Conditions:
I authorize both AFM & SAG-AFTRA Intellectual Property Rights Distribution Fund ("FUND") and SAG-AFTRA and Industry Sound Recordings Distribution Fund ("SRDF") to utilize my profile information where applicable for distribution purposes. Also, I understand that my information may be shared with any entity that the Fund may administer/distribute for on my behalf, now and in the future, and this authorization will remain in effect until canceled in writing, signed and dated by me.