



4705 Laurel Canyon Blvd., Suite 400, Valley Village, CA 91607

Intellectual Property Rights Distribution Fund

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www.afmsagaaftrafund.org

INQUIRY FORM/ADDRESS CHANGE

Please specify: This is an Inquiry

This is an Address Change

This is Both

Last Name: _____ First Name: _____

AKA / PKA: _____

Street Address: _____

City / State / Zip: _____

Telephone: _____ email: _____

Last 4 Digits Social Security # (U.S.): _____

Tax I.D. #: _____ DOB: _____

Participant Account # (if known): _____ Gender: Male Female

Union Member (check one): YES NO

if Yes, AFM Local# / City / State: _____ ID# _____

If Yes, SAG-AFTRA Local # / City / State: _____ ID # _____

Title: _____

Artist: _____

Title Number: _____

Instrument / Service Performed: _____

Were you a Producer on this title? YES NO Featured Artist? YES NO

Session Date(s) - Was this put through on a Union Contract / Session Report? YES NO

City / Studio _____

Additional comments, questions and/or important information _____

Signature _____ Date _____

Please make sure it is clear and legible (mail, fax or send to info@afmsagaaftrafund.org)

PRINT FORM - SIGNATURE REQUIRED