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Intellectual Property Rights Distribution Fund

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 id (driver's license, passport).

Legal name: _____

Professional name/AKA: _____

Street Address: _____

City, State, Zip: _____

Social Security Number/Tax Id Number/Country: _____

Telephone(s): _____

Email: _____ Website/bio: _____

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

Country of Birth: _____ Ctry. of Residence: _____ Ctry. of Citizenship: _____

Member of AFM or SAG-AFTRA? List locals and ID #'s: _____

List instruments you play (include vocals if applicable): _____

List artists/vocalists recorded with: _____

List musical genres you are associated with: _____

Are you a featured artist or band member? List bands/artists: _____

Are you credited as a producer/contractor on recordings? List bands/artists: _____

Are you a current or former member of a Symphony or Chamber Orchestra? _____

List orchestra name(s) and specific years of tenure [i.e. 1988-2013]: _____

Were you an extra player on a Symphonic or Chamber Orchestra recording? Please supply information in as many of these categories as possible: Orchestra name, Repertoire recorded, Album title, Label name, Date(s) of recording. (Attach extra sheet(s) if necessary.) _____

Are you registered with a non US organization that pays royalties such as PPL, SENA, MROC or SAMI?

List organizations: _____

Comments: _____

Signature: _____ Date: _____

Please include a copy of a Government Issue photo id (driver's license, passport).

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

PRINT FORM - PHOTO ID & SIGNATURE REQUIRED

By signing and submitting this form, you acknowledge that you have read and agree 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. I understand that this authorization may take up to 30 days to go into effect and once in effect, will remain in place for distributions from both organizations until I have canceled it in writing signed and dated by me.