

APPLICATION FOR MEMBERSHIP
Guild of Italian American Actors (GIAA)

PO Box 123

New York, NY 10013-0123

Phone: 212-420-6590

E-mail: info@giaa.us

www.giaa.us

Name: _____ Born: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ E-mail: _____

Agent: _____ Manager: _____

U.S. Citizen: (circle) Yes / No . If No, Social Security number: _____

Check all of the following that apply:

_____ Actor/Actress _____ Singer _____ Dancer

_____ Writer _____ Director

Circle other performing union membership: SAG AFTRA AEA AGMA AGVA

Are you of Italian ancestry? _____ Yes _____ No

Do you speak Italian? _____ Yes _____ No

Do you want your headshot included on the GIAA web site (see additional charge below)?

_____ Yes _____ No

I hereby agree to abide by the provisions of the Constitution of the Guild of Italian American Actors as it is in effect on this date and as it may be amended in the future. I also agree to abide by any and all by-laws of the organization.

I agree to pay the Initiation Fee of \$350, the \$60 annual membership dues, and (if applicable) the \$50 fee for the inclusion of my headshot on the GIAA web site. If I have not paid the full amount at the time that I am accepted as a member, I agree to pay at least a non-refundable deposit of \$160, comprising \$100 toward the Initiation Fee plus the first year's dues. I understand that the full Initiation Fee must be paid within one year. I understand that the dues and the Initiation Fee are separate and apart from the additional \$50 fee for inclusion of my headshot on the GIAA website. I also understand that the Initiation Fee is reduced to \$250 for minors (i.e., under 18) and for senior citizens (i.e., over 65 years of age). Annual dues are reduced to \$40 from \$60 for minors and senior citizens.

NOTE: Include at least one headshot and resume, we will scan for electronic dispatch to casting.

Signature _____ Date _____